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ABSTRACT

San Antonio's Child Mental Health Program (CMHP) became ineligible for direct funding following enactment of Public Law 94-63, but was able to propose a viable plan for program survival. The CMHP, established by the Mexican American Unity Council (MAUC) in 1972, provides comprehensive child mental health services within a community setting and employs a unique bilingual-bicultural approach to service delivery and an effective outreach program. When continuation of these services was jeopardized by new mental health legislation in 1975, MAUC leadership proposed to the Health Coordinating Committee that CMHP continue under a subcontract from Southwest Mental Health Unit (one of two San Antonio providers of comprehensive mental health and mental retardation services under new legislation). The subcontract would allow continuity of CMHP services, and CMHP services would fulfill the community mental health center's mandate to provide specialized services for the mental health of children. Although the Health Coordinating Committee supported the MAUC plan, the future of CMHP remains in question--regional and national health planners must also approve the subcontract, and the two mental health agencies must prove their ability to collaborate. Appendices include the text of Public Law 94-63 and MAUC's proposal to the Health Coordinating Committee. (JH)

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"AN ANALYSIS OF THE "SPECIAL HEALTH REVENUE SHARING ACT OF 1975" Public Law 94-63 AS A POLICY AND ITS IMPLICATIONS FOR MEXICAN AMERICAN UNITY COUNCIL'S CHILD MENTAL HEALTH PROGRAM

IN PARTIAL FULFILLMENT

OF

SOCIAL WELFARE POLICY AND SERVICES

TO

Mr. Carl Zimmer
Worden School of Social Work

August 6, 1976

Submitted By: Domingo Bueno

RC 01 1799

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

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INRODUCTION

This paper is an attempt to put into perspective the problematic after-effects created by federal legislative actions as it relates to the mental health delivery system, specifically children, in San Antonio, Texas.

The specific legislative action discussed will be the "Special Health Revenue Sharing Act of 1975" which was enacted on July 29, 1975. Special consideration will be given to Title III - of the Act - "Community Mental Health Centers" and the adverse effects it has created for one particular program, the Child Mental Health Program (CMHP).

The Child Mental Health Program, which is sponsored by the Mexican American Unity Council, will be used as a case example to demonstrate the various problems that have resulted as well as strategies devised to deal with the disruption of mental health services to children within the geographic area of the former Model Neighborhood Area.

To develop a better understanding as to the complexity of the problem, the paper will provide a historical and descriptive overview of mental health legislation (old and new), the current mental health service delivery systems in San Antonio, the principle providers and the identification and implementation of the strategy employed by the affected agency to develop an alternative way of program survival. Special attention will be given to the Alamo Area Council of Governments (AACOG) since it assumes a critical role as a policy maker

as it relates to the issue at hand.

The paper will demonstrate the negative consequences brought about by federal legislative initiatives, which are seen as policies and how this has necessitated the need for the development of alternative policies at the local level.

I. OVERVIEW OF INITIAL COMMUNITY MENTAL HEALTH LEGISLATION

The existing mental health delivery system was created with the enactment of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 - Public Law 88-164 and all other amendments thereafter. The general goal statement of the law was:

> "that the development of new methods of treatment, the impressive evidence of the possibilities for rehabilitating the mentally ill, and a lessening of our disposition to reject and isolate sufferers, all argue strongly for the treatment of mental illness in the community.[1]

Specific objectives of the law were:

1) To provide funds to finance building of public and other non-profit community mental health centers.
2) To improve organization and allocation of mental health services.

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[1]House Report No. 604, 88th Congress, 1st Session, August 21, 1963.

3) To provide modern treatment and care within the geographic community of the consumer.

4) To meet a portion of compensation costs of professional and technical personnel in initial operation of the center.[2]

There was a variety of funding available which could be used for construction of community mental health centers, to provide for staffing personnel and for the operational costs. Eligibility requirements for funding would be applicable to a state, political sub-division, and public or private non-profit agency.

Analysis of this legislation will be made only as it relates to the service requirement which each community mental health center had to provide.

As a mode of providing an alternative to the institutionalization of persons with mental health problems, the federal government began to finance a system of community mental health centers which were responsible for the provision of five basic services:

1) Inpatient - The provision of in-patient institutional care on short term or long term basis.

2) Outpatient - The provision of services outside the confines of the institution. Those would include outreach and follow-up services to insure continuity of care.

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[2]Catalog of Federal Domestic Assistance Programs - p. 149, sec. 13.240, 1975.

3) Emergency Care - The provision of emergency care services if possible on a 24 hour basis, such as a crisis line.

4) Partial Hospitalization - The provision of services which would be comparable to day care, half-way house, semi-institutional care.

5) Consultation and Education - The provision of an educational program aimed at the education of the community - at-large for the purpose of preventation.

Thus, the mechanics were put into motion and the delivery of mental health services became a reality. This had special significance for the poor and working class in that they now had accessibilitv to mental health services, medical and non-medical, within the geographic area in which they lived. This took the form of providing services within the confines of a medical institution or in the form of outreach mental health services, where the services were provided within the person's locality.

II. DESCRIPTION OF EXISTING MENTAL HEALTH DELIVERY SYSTEM IN SAN ANTONIO

Who were the major providers that established the existing mental health delivery system in San Antonio? To answer the question, an analysis of how the service delivery system developed has to be made in order to understand the current mental health service system.

Mental health services revolved around geographic areas commonly known as "catchment areas" which contain not less than 75,000 and not more than 200,000 persons.

Every state had to divide itself in reasonably equal areas which had to the extent practicable conform to the boundaries of political subdivisions, school districts and federal and state health and social services programs. In San Antonio, the county was used as the major area and utilizing population statistics was divided into four catchment areas: Northwest, Southwest, Southeast and Northeast (see attachment #1).

With the catchment areas established, three major entities became the providers of mental health services. Those were the Bexar County Hospital District, Bexar County Mental Health-Mental Retardation and the Mexican American Unity Council. Following is a brief description of each provider:

1) Bexar County Hospital District - This institution was the first to get involved in the delivery of mental health services. The primary area it selected to work in was the Northwest Catchment Area, where it established the Northwest Mental Health Center. This is #9-4 in the map included in attachment #1. The center provides the five basic services required.

2) Bexar County Mental Health-Mental Retardation - This body currently operates two mental health centers - the Southwest Mental Health Unit, which will be dealt with later in another section, and the Southeast Mental Health Unit.

3) Mexican American Unity Council - MAUC became actively involved in the mental health area in August, 1970 when it received as a growth grant from the Northwest Mental Health Center a staffing grant, the Field Mental Health Program, to provide aftercare and outreach mental health services to the former Model Neighborhood Area (MNA) residents.

This was at the time, the first initiative to provide mental health services within a community setting and more important utilizing a bilingual-bicultural approach.

The other MAUC effort within the mental health service area was the acquisition of the Child Mental Health Program in September, 1972. This was the only Part F funded program in San Antonio which dealt specifically with children. Its target area coincided with the Field Mental Health Program's and the Model Neighborhood Area. A further detailed description of the program will be provided later on.

Thus, for the last eight years, the mental health service delivery system in San Antonio has been operating under the agies of the three aforementioned institutions. This has set the stage for the new legislation "Special Health Revenue Sharing Act" commonly known as Public Law 94-63.

III. ANALYSIS OF "SPECIAL HEALTH REVENUE SHARING ACT OF 1975" - PUBLIC LAW 94-63

As already mentioned, community mental health services began in 1963 and have since continued thru various amendments passed. A review of those amendments will provide a linkage to the development of P.L. 94-63:

- The Community Mental Health Centers Construction Act Amendments of 1965 - P.L. 89-105: expanded the concept of the 1963 legislation to provide federal funds for the initial staffing costs for professional and technical personnel incurred by centers constructed under the 1963 program and similar costs for existing centers which were willing to add new or additional mental health services.
- The Mental Health Amendments of 1967 - P.L. 90-31: extended the funding for the construction and initial staffing grant programs for the period 1968-1970.
- The Community Mental Health Centers Amendments of 1970 - P.L. 91-211: represented a significant policy shift by the Congress. The support program for community mental health centers was originally intended to provide limited support for construction of community facilities and seed money to help centers meet their initial costs of operation for a short period of time. In 1970, however, Congress determined that state, local and private sources of funding were inadequate and that more federal support would be needed to promote and continue the development of community mental health centers throughout the United States.

. The Health Program Extension Act of 1973-P.L. - 93:45: provided a one year extension of 12 expiring health programs, including the Community Mental Health Centers Act.

After the 1973 amendment, the Administration took a position against community mental health. The justification for this action was initially presented by Secretary Weinberger in testimony before the House Public Health and Environment Subcommittee on March 1, 1973. The CMHC program, he said, has proven itself and should now be absorbed by the regular health service delivery system...The current program supports enough centers to demonstrate adequately the value of community based delivery of mental health care...These centers should now face the test of operating on their own...Those that cannot meet this test should not be perpetuated.[3]

This view was further reiterated by testimony given by Dr. Edwards, the Assistant Secretary for Health who stated that a determination as to the need to demonstrate the value and effectiveness of innovative community mental health centers had been satisfied.

Finally, Dr. John Zapp, the Deputy Assistant Secretary for Health Legislation stated during oversight hearings before the House Subcommittee on Public Health and Environment in 1973

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[3]Senate Report No. 94-29, 94th Congress, 1st Session March 6, 1975, p. 69.

"our decision to phase out support for community mental health centers is consistent with the philosophy that underlies our health strategy, that it is appropriate to underwrite promising new methods of health service delivery, but only until their feasibility has been proved or disproved."[4]*

For the first time since its enactment, community mental health services were being threatened and seriously questioned. This continued with the Ford Administration who charged that the community mental health centers concept had demonstrated its value and no longer required federal support. Their rationale was that federal third party payments (Medicare and Medicaid) together with states and communities and other third party payment systems could provide the funds needed to support existing centers and initiate the new centers needed to reach every community. Originally, the projection was to have 2,000 community mental health centers with only 500 operational at the time.

Additionally, the Administration charged that there were two other considerations to be weighed: economy and equity. The centers were too expensive and had created a desparity across the nation since there existed communities that still did not have an operational community mental health center.

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[4]Ibid.

*This was President Nixon's introduction of New Federalism. It was based on three main appeals: promise to decentralize the power of the federal government; promise to share federal tax revenues with state and local governments and lastly to eliminate the so-called categorical grant programs of the federal government in favor of block grants to state and local government.

These criticisms coupled with the following needs that were identified made it mandatory to consolidate mental health services within one umbrella system, which in this case would be the community mental health centers. Needs identified were:

1) The need to continue the steady increases in the number of operational centers until the national goal of providing CMHC services in every community is achieved.
2) The need to establish national standards for centers based upon previous experience, and to require both existing and new centers to provide more comprehensive services, improve management and financial administration and assurances of quality consistent with these standards.
3) The need for changes in the operation of the program to encourage self-sufficiency, and to facilitate the shifting of funding for these vital programs from the current categorical grant program to both public and private third party payment mechanisms.
4) The need for more comprehensive planning and evaluation for services at the federal and catchment area levels and better intergration of CMHC services and state mental hospitals into a complete system of mental health care.

5) The need for a separate program within the centers for vital preventive and other consultation and education services.[5]

It was felt that steps had to be taken to maintain, expand and improve the community mental health delivery system because the enactment of National Health Insurance would not solve the problem of inadequate, equitably distributed mental health services. In addition, it could become highly inflationary if cost and quality controls were not in place.

The result of the Administration's opposition coupled with the urgency to initiate legislative action created an atmosphere of apprehension since there was the danger that the existing system of health care delivery could deteriorate.

This promoted Congress to design and enact P.L. 94-63. Basically, the intent of the legislation was as follows:

1) The Community Mental Health Center would aim at Americans who might otherwise be unable to secure decent health care at all.
2) To perfect and maintain existing centers and to move steadily ahead with the establishment of new services in the areas of highest needs.

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[5]Ibid, p. 97.

3) To develop a comprehensive health service delivery system which would specify a standard package of services which every center must offer in order to prevent centers from dropping essential services which could not be readily reimbursed and would require centers to offer their services to anyone in the area.

To accomplish this, Congress completely did away with the various mental health funding categories that covered services to adults, children and various problem indicies. In its place, six new categories and new grant programs came into effect:

1) Planning
2) Operational Support
3) Conversion
4) Consultation and Education
5) Financial Distress
6) Facility Assistance

In addition to this, the law explicitly was intended that all mental health services had to be under the guidance of existing community mental health centers/or new centers. This implied that there could only be one mental health center per catchment area.

Another alteration of the delivery system was the addition of seven new service requirements. Every CMHC had the responsibility of providing the following:

1) Inpatient Services
2) Outpatient Services
3) Partial Hospitalization Services
4) Emergency Care Services
5) Specialized Services for the Mental Health of Children
6) Specialized Services for the Mental Health of Elderly
7) Consultation and Education Services
8) Screening Assistance to Courts and Other Public Agencies
9) Follow-up care for residents of the catchment area who have been discharged from a mental health facility.
10) Transitional half-way house services for mentally ill persons
11) Program for the prevention and treatment of drug addiction and abuse.
12) Program for the prevention and treatment of alcoholism and alcohol abuse.

(For a detail analysis of the law see attachment #2)

An analysis of the new legislation brings to the forefront several important observations:

1) The legislation represents a response to the Administration's constant attacks and attempts to eliminate the mental health delivery system.
2) The need to develop more efficient control as well as the establishment of concrete plans for self-sufficiency brought

about tighter restrictions and conditions (development of third-party payment capability).

3) The need to establish a uniform system of mental health services is reflected in the eligibility and service requirements. This meant the dissolution of previous grants made under different legislative mandates and all future mental health programs having to fall within the legal classification of a community mental health center.

The aforementioned observations can be interpreted as policies which had the effect of consolidating the delivery of mental health services around the CMHC and the elimination of "specialty grants."

This leads to the particular mental health program that was so adversly affected - The Child Mental Health Program.

IV. MEXICAN AMERICAN UNITY COUNCIL'S CHILD MENTAL HEALTH PROGRAM

The Child Mental Health Program (CMHP) which has become the only mental health program in San Antonio to be threatened by P.L. 94-63, has been in operation since September 1, 1972. Its main objective is to prevent and work with children who have mental health problems. Using an operational definition of "mental health" as encompassing the child's total life experience - anything that adversly affects the child's normal development is considered a mental health problem.

This definition takes into consideration the child's social, educational, physical and psychological development which can be

affected by the environment, peer group, family, educational system and other institutional forms such as juvenile probation, welfare agency, etc.

The program provides services to children between the ages of 3-13 and primarily who reside within the MNA. Funding comes in the form of federal support from the National Institute of Mental Health, the Ford Foundation and the City of San Antonio Revenue Sharing. Respectfully, its services are as follows:

1) Inpatient - The program subcontracts with the San Antonio Children's Center for the provision of two beds to be utilized for inpatient care. Additionally, the program works very closely with the Robert B. Green Hospital - Pediatric Section.

2) Outpatient - This is one of the specialties that the program has developed. The service is provided in the form of outreach mental health services within the confines of the community. Trained human service workers carry out this portion of the service utilizing a bilingual-bicultural approach.

3) Emergency Care - To facilitate this service requirement, the CMHP subcontracts with San Antonio Children's Center for the availability of the centers' crisis unit. The CMHP has access to one bed within that unit. Additionally, the same coordination with Green Hospital facilitates fulfillment of the need.

4) Partial Hospitalization - This is the other area of expertise that the program has developed. The program operates a pre-therapeutic nursery (Escuelita Del Sol) for children between the ages of 3-5. The children have to come from parents that have been identified as child abusers, have been hospitalized for psychiatric reasons or who are under the care of a psychiatrist.

The nursery is attempting to deliver a service system which deals with the child and parent in a therapeutic manner. It provides the child with intervention services for the development of their psychological, physical and educational skills.

To the parent, the program aims at therapeutically modifying, alleviating or eradicating their behavior so as to remove the problem. This is done vis-a-vis intensive counseling, therapy, education (parent education seminars) and direct involvement in the nursery.

5) Consultation and Education - The CMHP provides two kinds of consultation and education services. One is case consultations which are provided to agencies who request such a service. This deals primarily with methodologies/techniques of dealing with children's problems. The other form of service within this category is the mental health education services. These are generally provided to agencies, groups, schools, etc. and deal with a wide variety of mental health topics.

With this brief program overview in mind, several important observations can be made that relate to P.L. 94-63 requirements:

1) The CMHP as a specialty grant has been providing the five basic services required of any legal community mental health center.

2) All previous evaluations conducted by N.I.M.H. staff personnel have been positive and no questions have ever been raised in regards to the over-lapping of target areas: since the CMHP's target area is divided between the Northwest Catchment Area and the Southwest Catchment Area.

These two observations are critical in that P.L. 94-63 does not take into consideration the program's past efforts and accomplishments.

V. PUBLIC LAW 94-63 AS A PROBLEM FOR THE CHILD MENTAL HEALTH PROGRAM

As already mentioned, P.L. 94-63 completely rewrote the law insofar as community mental health centers are concerned. Since the law gave no consideration for programs such as the CMHP, Specialty Grants, the program has one year to develop alternative forms of survival.

This is due to the fact that the law makes specific reference as to eligibility requirements and services to be provided. To reiterate the law makes two requirements of which the CMHP cannot fulfill.

1) That the community mental health center service a catchment area.

2) That the community mental health center provide twelve (12) services as its delivery system.

The implications of P.L. 94-63 can be seen as striking a death blow to the CMHP for several reasons:

1) The CMHP's target area straddles two catchment areas which already have existing community mental health centers - Southwest Mental Health Unit and Northwest Mental Health Center (see attchment #3).
2) There is no way possible that the program could accomodate the service requirements. It has been providing the five basic services but only in relation to children's problems.
3) A fulfillment of the twelve (12) services would completely dilute the program's expertise that have been developed in the last four years.

VI. IDENTIFICATION OF ALTERNATIVES AND STRATEGIES FOR CONTINUATION

This brought to attention the need for an analysis and identification of strategies the program could adhere to before its termination date of August 31, 1977. After long deliberation and review of P.L. 94-63, MAUC leadership identified several alternatives:

1) That the current mental health delivery system be retained, which would necessitate that N.I.M.H. disregard the law and continue direct funding.
2) That the other major providers join MAUC in a collaborative effort by incorporating the CMHP in their Conversion Grant Applications. Conversion Applications were to be submitted by Southwest Mental Health Unit and Southeast Mental Health Unit for AACOG review in the July 1976 cycle. The hospital

district was still not sure whether to apply and if they did, they were only eligible for a Distress Grant.

3. That the CMHP terminate its operations on August 31, 1976.

A review of the identified alternatives made the selection of #2 the most feasible. This then brought about the development of a strategy to follow. The question became how could MAUC get M.H.-M.R. to include the CMHP in its Conversion Grant Applications? First of all, the Southeast was ruled out because a sub-contract with that unit would entail extending the CMHP geographic area, the provision of services to a black population which the CMHP was not in position to do in terms of familarity, relationship, culturally, etc..., Thus, the Southwest Mental Health Unit became the logical target. Southwest served an area adjacent to MAUC, the population was culturally the same, and they were in dire need for a solid children's program.

What were the obstacles to be overcomed if MAUC were to succeed? This became a matter of great concern because several variables were definitely going to play a key role:

*Conversion Grant Application - This is the plan that the Community Mental Health Center will submit to NIMH outlining its proposed plan and cost(s) of developing the twelve services which entails the addition of seven to the already five being provided.

*Distress Grant Application - This is an application to continue for two more years. Only those centers that are in their last year of federal funding are eligible.

1) Southwest Mental Health Unit had predominately Chicano staff, some of whom did not see eye-to-eye with MAUC. There were personality differences which went back several years.

2) Southwest had key administrative staff which had worked at MAUC before and had left under unpleasant conditions.

3) MAUC's past efforts to deal collaborately with Southwest had always been negative.

VII. STRATEGY IMPLEMENTATION IN THE PROBLEM-SOLVING PROCESS

The task at hand called for the development of strategy package which would expose Southwest's deficiencies and identify how MAUC's CMHP could adequately supplement Southwest's service delivery system. The strategy was to gain access to Southwest's Conversion Grant Application in order to get the factual data for the argument.

During this time, AACOG's review of Southwest's Conversion Grant started on July 8, 1976 when the Sub-Health Coordinating Committee met to consider the application. That same day, MAUC personnel got to review the continuation and conversion applications. Information about their proposed children's program showed a great need for a type of program that MAUC could provide.

As time passed, it became apparent that Southwest, which in this case is MH-MR, was not going to be coerced into bargaining with MAUC. This was shown in the sub-committee review when one committee member, favorable to MAUC questioned the omission of

MAUC in their plans. Their response was not satisfactory and was clouded by their bringing up other issues which evaded the question. Secondly, MAUC had previously submitted a proposal for pre-therapeutic nursery services and was turned down with no reasons given.

Thus, the battlelines were drawn for the meeting on July 15, 1976 when the Health Coordinating Committee was to review the application. It became very apparent that MAUC's success was going to be determined by how well the committee would be convinced that by MH-MR sub-contracting with MAUC would be for the benefit of the community.

In preparation for the meeting, MAUC leadership had to be soundly prepared to answer any conceivable question which this committee had a reputation of asking. MAUC leadership responded excellently to the task at hand. A presentation was made by Mr. Juan J. Patlan, MAUC Executive Director, prior to the committee taking action on Southwest's Conversion Application. Specifically, the committee heard a prepared position paper which carefully and explicitly defined the problem and consequences (see attachment #4).

The issue at hand became whether the Health Coordinating Committee would fulfill its mandate of designing a plan which would be practical and feasible. The proposed program that MAUC was offering, definitely addressed these two considerations.

In essence, the issue was whether the committee would assume a policy making role in the face of the existing situation.

Viewing the MAUC plan, the committee had at its disposal a tool for the development of a service delivery system which would be comprehensive enough and yet still allow for the transition from the broader, more general, value-oriented planning stage to the more detailed, reality-and-action-oriented process of program development.[6]

Additionally, the issues became identified as being two:

1) If the CMHP folds, a vacuum of children's services will be created in the Model Neighborhood Area.
2) The plan Southwest submitted did not adequately address the children's needs of the target area. It was limited, in terms of scope of services and did not allow for recognition and participation of MAUC.

The committee passed the Conversion Application but with a very strong condition - "that M.H.-M.R.'s Southwest Mental Health Unit exert an intensive effort to coordinate and facilitate a collaborative system of financial support for MAUC's Child Mental Health Program by incorporation of the Child Mental Health in the Southwest Conversion Plan."

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[6]Sherwood, "The Social Policy Perspective," p. 6

CONCLUSION

The exercise MAUC had to go thru clearly brings to attention several observations:

1) It demonstrates how the group theory: policy as group equilibrium is played. In this case, the groups were MAUC and MH-MR and the political system is AACOG's Health Coordinating Committee. Because MAUC was able to mobilize key influencial group members, the committee voted in its favor. This demonstrates MAUC's credibility, organizational strength, leadership, access to decision makers and internal cohesion which are all variables to be considered in determining the influence of groups.[7]

2) The adverse effects created by P.L. 94-63, which was a federal initiative, prompted action of alternative policies to off-set those effects. In this case, the Health Coordinating Committee assumed a policy maker role and produced a policy which it has never done before. Specifically, conditions have been placed on previous programs but only in the realm of coordination with other agencies and never in the form of dictating financial support for another agency.

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[7]Dye, "Model of Politics", p. 24.

3. The necessity to counteract policies which can have adverse effects on your program/organization demands quick and reliable evaluation of existing systems which is then used to win judgement in your favor. If MAUC had not been able to gain access to the grant applications it would have been an exercise of emotional conflict rather than an objective, straightforward, confident and rational analysis of the problem (Sherwood - Rational Decision-Making Theory).

Even though MAUC was able to get a favorable decision by the Health Coordinating Committee, the struggle is not over yet. There still has to be a review by the Executive Committee of AACOG which can leave the condition or remove it and the body that has the final say-so - The National Institute of Mental Health.

How it turns out is everybody's guess, but speculations are that: the CMHP will live out its one year life span and terminate or MAUC will achieve a sub-contract with MH-MR which more likely will not be done in good faith and be terminated within two/three months.

Whatever the results be, the main issue at hand was not the survival of one program or another but the provision for culturally-relevant and sensitive mental health services for

children. In the organizational/group conflict, this is something that MAUC had its focus upon. Will all of those efforts, long hours, advocacy activities become another part of documented mental health records?

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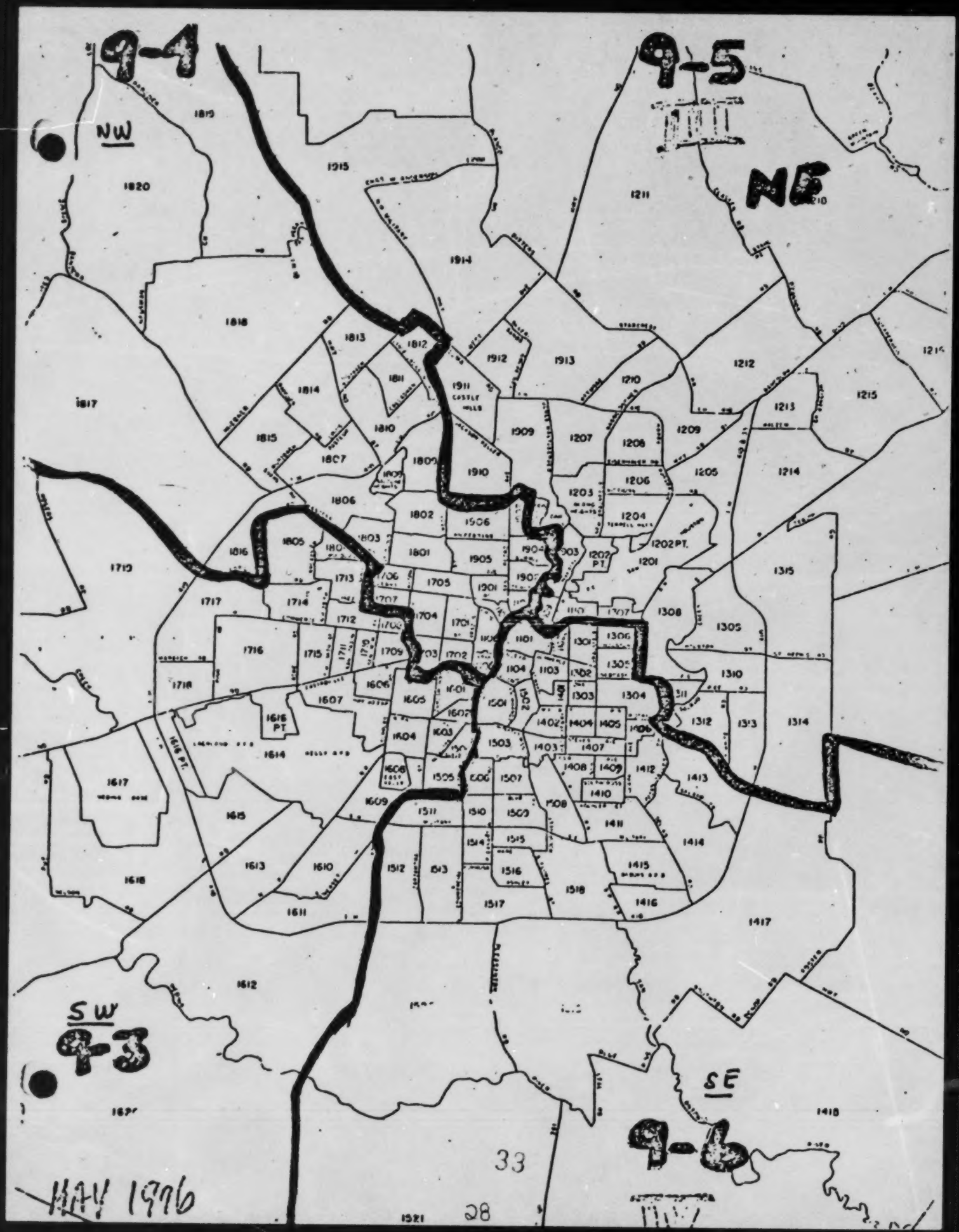
4) Senate Report No. 94-29, 94th Congress, 1st Session, March 6, 1975.

5) Sherwood, "The Social Policy Perspective"

6) Edwin Kepler, "New Federalism: A Clear and Present Danger," The Grantsmanship Center News, May-July, 1976.

ATTACHMENT #1

BEXAR COUNTY CATCHMENT AREA MAP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ATTACHMENT #2

PUBLIC LAW 94-63

Public Law 94-63
94th Congress, S. 66
July 29, 1975

An Act

To amend the Public Health Service Act and related health laws to revise and extend the health revenue sharing program, the family planning programs, the community mental health centers program, the program for migrant health centers and community health centers, the National Health Service Corps program, and the programs for assistance for nurse training, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

Public Health Service Act, amendments. 42 USC 201 note.

TITLE I—HEALTH REVENUE SHARING

SEC. 101. This title may be cited as the "Special Health Revenue Sharing Act of 1975".

Special Health Revenue Sharing Act of 1975. 42 USC 246 note.

SEC. 102. Effective with respect to grants made under section 314(d) of the Public Health Service Act from appropriations under that section for fiscal years beginning after June 30, 1975, section 314(d) of the Public Health Service Act is amended to read as follows: 42 USC 246.

"Comprehensive Public Health Services

"(d)(1) From allotments made pursuant to paragraph (4), the Secretary shall make grants to State health and mental health authorities to assist in meeting the costs of providing comprehensive public health services. Grants.

"(2) No grant may be made under paragraph (1) to the State health or mental health authority of any State unless an application therefor has been submitted to and approved by the Secretary. Such an application shall be submitted in such form and manner and shall contain such information as the Secretary may require, and shall contain or be supported by assurances satisfactory to the Secretary that— Application.

"(A) the comprehensive public health services provided within the State will be provided in accordance with the State plan prepared in accordance with section 1524(c)(2) or the State plan approved under section 314(a), whichever is applicable; 42 USC 300m-3.

"(B) funds received under grants under paragraph (1) will (i) be used to supplement and, to the extent practical, to increase the level of non-Federal funds that would otherwise be made available for the purposes for which the grant funds are provided, and (ii) not be used to supplant such non-Federal funds;

"(C) the State health authority, and, with respect to mental health activities, the State mental health authority will—

"(i) provide for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds received under grants under paragraph (1);

"(ii) from time to time, but not less often than annually, report to the Secretary (through a uniform national reporting system and by such categories as the Secretary may prescribe) a description of the comprehensive public health services provided in the State in the fiscal year for which the grant applied for is made and the amount of funds obligated in such Report.

fiscal year for the provision of each such category of services; and

Recordkeeping.

"(iii) make such reports (in such form and containing such information as the Secretary may prescribe) as the Secretary may reasonably require, and keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness of, and to verify, such reports;

State mental health plan.

"(D) the State mental health authority will—

"(i) establish and carry out a plan which—

"(I) is designed to eliminate inappropriate placement in institutions of persons with mental health problems, to insure the availability of appropriate noninstitutional services for such persons, and to improve the quality of care for those with mental health problems for whom institutional care is appropriate; and

"(II) shall include fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) to protect the interests of employees affected by actions described in subclause (I), including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees;

"(ii) prescribe and provide for the enforcement of minimum standards for the maintenance and operation of mental health programs and facilities (including community mental health centers) with the State; and

"(iii) provide for assistance to courts and other public agencies and to appropriate private agencies to facilitate (I) screening by community mental health centers (or, if there are no such centers, other appropriate entities) of residents of the State who are being considered for inpatient care in a mental health facility to determine if such care is necessary, and (II) provision of followup care by community mental health centers (or if there are no such centers, by other appropriate entities) for residents of the State who have been discharged from mental health facilities.

Review.

"(3) The Secretary shall review annually the activities undertaken by each State with an approved application to determine if the State complied with the assurances provided with the application. The Secretary may not approve an application submitted under paragraph (2) if the Secretary determines—

"(A) that the State for which the application was submitted did not comply with assurances provided with a prior application under paragraph (2), and

"(B) that he cannot be assured that the State will comply with the assurances provided with the application under consideration.

Allotment of funds.

"(4) For the purpose of determining the total amount of grants that may be made to the State health and mental authorities of each State, the Secretary shall, in each fiscal year and in accordance with regulations, allot the sums appropriated for such year under paragraph (7) among the States on the basis of the population and the financial need of the respective States. The populations of the States shall be determined on the basis of the latest figures for the population of the States available from the Department of Commerce.

"(5) The Secretary shall determine the amount of any grant under paragraph (1); but the amount of grants made in any fiscal year to the public and mental health authorities of any State may not exceed the amount of the State's allotment available for obligation in such fiscal year. Payments under such grants may be made in advance or by way of reimbursement, and at such intervals and on such conditions, as the Secretary finds necessary.

"(6) In any fiscal year—

"(A) not less than 15 per centum of a State's allotment under paragraph (4) shall be made available only for grants under paragraph (1) to the State's mental health authority for the provision of mental health services; and

"(B) not less than—

"(i) 70 per centum of the amount of a State's allotment which is made available for grants to the mental health authority, and

"(ii) 70 per centum of the remainder of the State's allotment,

shall be available only for the provision services in communities of the State.

"(7)(A) For payments under grants under paragraph (1) there are authorized to be appropriated $100,000,000 for fiscal year 1976, and $110,000,000 for fiscal year 1977. Appropriation authorization.

"(B) For payments under grants under paragraph (1) for establishing and maintaining programs, described in applications under paragraph (2), for the screening, detection, diagnosis, prevention, and referral for treatment of hypertension there are authorized to be appropriated $15,000,000 for fiscal year 1976, and $15,000,000 for fiscal year 1977.". Appropriation authorization.

TITLE II—FAMILY PLANNING PROGRAMS

Family Planning and Population Research Act of 1975.

SEC. 201. This title may be cited as the "Family Planning and Population Research Act of 1975".

SEC. 202. (a) Section 1001(c) of the Public Health Service Act is amended (1) by striking out "and" after "1973;" and (2) by inserting after "1975" the following: "; $115,000,000 for fiscal year 1976; and $115,000,000 for fiscal year 1977". 42 USC 300 note. 42 USC 300.

(b) Section 1003(b) of such Act is amended (1) by striking out "and" after "1973;" and (2) by inserting after "1975" the following: "; $4,000,000 for fiscal year 1976; and $5,000,000 for fiscal year 1977". 42 USC 300a-1.

(c) Section 1004 of such Act is amended to read as follows: 42 USC 300a-2.

"RESEARCH

"SEC. 1004. (a) The Secretary may—

"(1) conduct, and

"(2) make grants to public or nonprofit private entities and enter into contracts with public or private entities and individuals for projects for, Grants and contracts.

research in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population.

"(b)(1) To carry out subsection (a) there are authorized to be appropriated $55,000,000 for fiscal year 1976, and $60,000,000 for fiscal year 1977. Appropriation authorization.

"(2) No funds appropriated under any provision of this Act (other than this subsection) may be used to conduct or support the research described in subsection (a)."

42 USC 300a-3. (d) Section 1005(b) of such Act is amended (1) by striking out "and" after "1973;" and (2) by inserting after "1975" the following: "; $2,000,000 for fiscal year 1976; and $2,500,000 for fiscal year 1977".

42 USC 300. SEC. 203. (a) Title X of such Act is amended by inserting after
42 USC 300a-6. section 1008 the following new section:

"PLANS AND REPORTS

Report to Congress. 42 USC 300a-6a. "SEC. 1009. (a) Not later than seven months after the close of each fiscal year, the Secretary shall make a report to the Congress setting forth a plan to be carried out over the next five fiscal years for—

"(1) extension of family planning services to all persons desiring such services,

"(2) family planning and population research programs,

"(3) training of necessary manpower for the programs authorized by this title and other Federal laws for which the Secretary has responsibility and which pertain to family planning, and

"(4) carrying out the other purposes set forth in this title and the Family Planning Services and Population Research Act of 1970.

42 USC 300 note. "(b) Such a plan shall, at a minimum, indicate on a phased basis—

"(1) the number of individuals to be served by family planning programs under this title and other Federal laws for which the Secretary has responsibility, the types of family planning and population growth information and educational materials to be developed under such laws and how they will be made available, the research goals to be reached under such laws, and the manpower to be trained under such laws;

"(2) an estimate of the costs and personnel requirements needed to meet the purposes of this title and other Federal laws for which the Secretary has responsibility and which pertain to family planning programs; and

"(3) the steps to be taken to maintain a systematic reporting system capable of yielding comprehensive data on which service figures and program evaluations for the Department of Health, Education, and Welfare shall be based.

"(c) Each report submitted under subsection (a) shall—

"(1) compare results achieved during the preceding fiscal year with the objectives established for such year under the plan contained in the previous such report;

"(2) indicate steps being taken to achieve the objectives during the fiscal years covered by the plan contained in such report and any revisions to plans in previous reports necessary to meet these objectives; and

"(3) make recommendations with respect to any additional legislative or administrative action necessary or desirable in carrying out the plan contained in such report."

Repeal. 42 USC 3505c. (b) Section 5 of the Family Planning Services and Population Research Act of 1970 is repealed.

42 USC 300. SEC. 204. (a) Section 1001(a) of the Public Health Service Act is amended by striking out "family planning projects" and inserting in lieu thereof "family planning projects which shall offer a broad range of acceptable and effective family planning methods (including natural family planning methods)".

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(b) Section 1001(b) of such Act is amended by adding at the end thereof the following new sentence: "Local and regional entities shall be assured the right to apply for direct grants and contracts under this section, and the Secretary shall by regulation fully provide for and protect such right.". Grants and contracts. 42 USC 300.

(c) Section 1006(a) of such Act is amended by adding at the end thereof the following new sentence: "The amount of any grant under any section of this title shall be determined by the Secretary; except that no grant under any such section for any program or project for a fiscal year beginning after June 30, 1975, may be made for less than 90 per centum of its costs (as determined under regulations of the Secretary) unless the grant is to be made for a program or project for which a grant was made (under the same section) for the fiscal year ending June 30, 1975, for less than 90 per centum of its costs (as so determined), in which case a grant under such section for that program or project for a fiscal year beginning after that date may be made for a percentage which shall not be less than the percentage of its costs for which the fiscal year 1975 grant was made.". 42 USC 300a-4.

(d) The last sentence of section 1006(c) of such Act is amended by inserting immediately before the period the following: "so as to insure that economic status shall not be a deterrent to participation in the programs assisted under this title". 42 USC 300a-4.

SEC. 205. Any— Penalty. 42 USC 300a-8.

(1) officer or employee of the United States,

(2) officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or

(3) person who receives, under any program receiving Federal financial assistance, compensation for services,

who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than $1,000 or imprisoned for not more than one year, or both.

TITLE III—COMMUNITY MENTAL HEALTH CENTERS

Community Mental Health Centers Amendments of 1975. 42 USC 2689 note.

SEC. 301. This title may be cited as the "Community Mental Health Centers Amendments of 1975".

SEC. 302. (a) The Congress finds that— 42 USC 2689 note.

(1) community mental health care is the most effective and humane form of care for a majority of mentally ill individuals;

(2) the federally funded community mental health centers have had a major impact on the improvement of mental health care by—

(A) fostering coordination and cooperation between various agencies responsible for mental health care which in turn has resulted in a decrease in overlapping services and more efficient utilization of available resources,

(B) bringing comprehensive community mental health care to all in need within a specific geographic area regardless of ability to pay, and

(C) developing a system of care which insures continuity of care for all patients,

and thus are a national resource to which all Americans should enjoy access; and

(3) there is currently a shortage and maldistribution of quality community health care resources in the United States.

Federal funds, availability.

(b) The Congress further declares that Federal funds should continue to be made available for the purposes of initiating new and continuing existing community mental health centers and initiating new services within existing centers, and for the monitoring of the performance of all federally funded centers to insure their responsiveness to community needs and national goals relating to community mental health care.

42 USC 2681 note.

SEC. 303. The Community Mental Health Centers Act is amended to read as follows:

"TITLE II—COMMUNITY MENTAL HEALTH CENTERS

"PART A—PLANNING AND OPERATIONS ASSISTANCE

"REQUIREMENTS FOR COMMUNITY MENTAL HEALTH CENTERS

"Community mental health center."
42 USC 2689.
Post, p. 321.
"Catchment area."

"SEC. 201. (a) For purposes of this title (other than part B thereof), the term 'community mental health center' means a legal entity (1) through which comprehensive mental health services are provided—

"(A) principally to individuals residing in a defined geographic area (referred to in this title as a 'catchment area'),

"(B) within the limits of its capacity, to any individual residing or employed in such area regardless of his ability to pay for such services, his current or past health condition, or any other factor, and

"(C) in the manner prescribed by subsection (b), and (2) which is organized in the manner prescribed by subsections (c) and (d).

Services.

"(b)(1) The comprehensive mental health services which shall be provided through a community mental health center shall include—

"(A) inpatient services, outpatient services, day care and other partial hospitalization services, and emergency services;

"(B) a program of specialized services for the mental health of children, including a full range of diagnostic, treatment, liaison, and followup services (as prescribed by the Secretary);

"(C) a program of specialized services for the mental health of the elderly, including a full range of diagnostic, treatment, liaison, and followup services (as prescribed by the Secretary);

"(D) consultation and education services which—

"(i) are for a wide range of individuals and entities involved with mental health services, including health professionals, schools, courts, State and local law enforcement and correctional agencies, members of the clergy, public welfare agencies, health services delivery agencies, and other appropriate entities; and

"(ii) include a wide range of activities (other than the provision of direct clinical services) designed to (I) develop effective mental health programs in the center's catchment area, (II) promote the coordination of the provision of mental health services among various entities serving the center's catchment area, (III) increase the awareness of the residents of the center's catchment area of the nature of mental health problems and the types of mental health services available, and (IV) promote the prevention and control of rape and the proper treatment of the victims of rape;

"(E) assistance to courts and other public agencies in screening residents of the center's catchment area who are being considered for referral to a State mental health facility for inpatient treatment to determine if they should be so referred and provision, where appropriate, of treatment for such persons through the center as an alternative to inpatient treatment at such a facility;

"(F) provision of followup care for residents of its catchment area who have been discharged from a mental health facility;

"(G) a program of transitional half-way house services for mentally ill individuals who are residents of its catchment area and who have been discharged from a mental health facility or would without such services require inpatient care in such a facility; and

"(H) provision of each of the following service programs (other than a service program for which there is not sufficient need (as determined by the Secretary) in the center's catchment area, or the need for which in the center's catchment area the Secretary determines is currently being met):

"(i) A program for the prevention and treatment of alcoholism and alcohol abuse and for the rehabilitation of alcohol abusers and alcoholics.

"(ii) A program for the prevention and treatment of drug addiction and abuse and for the rehabilitation of drug addicts, drug abusers, and other persons with drug dependency problems.

"(2) The provision of comprehensive mental health services through a center shall be coordinated with the provision of services by other health and social service agencies (including State mental health facilities) in or serving residents of the center's catchment area to insure that persons receiving services through the center have access to all such health and social services as they may require. The center's services (A) may be provided at the center or satellite centers through the staff of the center or through appropriate arrangements with health professionals and others in the center's catchment area, (B) shall be available and accessible to the residents of the area promptly, as appropriate, and in a manner which preserves human dignity and assures continuity and high quality care and which overcomes geographic, cultural, linguistic, and economic barriers to the receipt of services, and (C) when medically necessary, shall be available and accessible twenty-four hours a day and seven days a week.

Governing body.

"(c)(1)(A) The governing body or a community mental health center (other than a center described in subparagraph (B)) shall (i) be composed, where practicable, of individuals who reside in the center's catchment area and who, as a group, represent the residents of that area taking into consideration their employment, age, sex, and place of residence, and other demographic characteristics of the area, and (ii) meet at least once a month, establish general policies for the center (including a schedule of hours during which services will be provided), approve the center's annual budget, and approve the selection of a director for the center. At least one-half of the members of such body shall be individuals who are not providers of health care.

"(B) In the case of a community mental health center which before the date of enactment of the Community Mental Health Centers Amendments of 1975 was operated by a governmental agency and received a grant under section 220 (as in effect before such date), the requirements of subparagraph (A) shall not apply with respect to

42 USC 2688.

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section (b)(1)(D). The Secretary may waive the requirements of clause (4) with respect to any center if he determines that because of the size of such center or because of other relevant factors the establishment of the administrative unit described in such clause is not warranted. Waiver.

"GRANTS FOR PLANNING COMMUNITY MENTAL HEALTH CENTER PROGRAMS

"SEC. 202. (a) The Secretary may make grants to public and nonprofit private entities to carry out projects to plan community mental health center programs. In connection with a project to plan a community mental health center program for an area the grant recipient shall (1) assess the needs of the area for mental health services, (2) design a community mental health center program for the area based on such assessment, (3) obtain within the area financial and professional assistance and support for the program, and (4) initiate and encourage continuing community involvement in the development and operation of the program. The amount of any grant under this subsection may not exceed $75,000. 42 USC 2689a.

"(b) A grant under subsection (a) for a project shall be made for its costs for the one-year period beginning on the first day of the month in which the grant is made; and, if a grant is made under such subsection for a project, no other grant may be made for such project under such subsection.

"(c) The Secretary shall give special consideration to applications submitted for grants under subsection (a) for projects for community mental health centers programs for areas designated by the Secretary as urban or rural poverty areas. No applications for a grant under subsection (a) may be approved unless the application is recommended for approval by the National Advisory Mental Health Council.

"(d) There are authorized to be appropriated for payments under grants under subsection (a) $3,750,000 for the fiscal year 1976, and $3,750,000 for the fiscal year 1977. Appropriation authorization.

"GRANTS FOR INITIAL OPERATION

"SEC. 203. (a)(1) The Secretary may make grants to— 42 USC 2689b.

"(A) public and nonprofit private community mental health centers, and

"(B) any public or nonprofit private entity which—

"(i) is providing mental health services,

"(ii) meets the requirements of section 201 except that it is not providing all of the comprehensive mental health services described in subsection (b)(1) of such section, and Ante, p. 309.

"(iii) has a plan satisfactory to the Secretary for the provision of all such services within two years after the date of the receipt of the first grant under this subsection,

to assist them in meeting their costs of operation (other than costs related to construction).

"(2) Grants under subsection (a) may only be made for a grantee's costs of operation during the first eight years after its establishment. In the case of a community mental health center or other entity which received a grant under section 220 (as in effect before the date of enactment of the Community Mental Health Centers Amendments of 1975), such center or other entity shall, for purposes of grants under subsection (a), be considered as having been in operation for a number of years equal to the sum of the number of grants in the first series 42 USC 2688.

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of grants it received under such section and the number of grants it has received under this subsection.

"(b)(1) Each grant under subsection (a) to a community mental health center or other entity shall be made for the costs of its operation for the one-year period beginning on the first day of the month in which such grant is made.

"(2) No community mental health center may receive more than eight grants under subsection (a). No entity described in subsection (a)(1)(B) may receive more than two grants under subsection (a). In determining the number of grants that a community mental health center has received under subsection (a), there shall be included any grants which the center received under such subsection as an entity described in paragraph (1)(B) of such subsection.

"(c) The amount of a grant for any year made under subsection (a) shall be the lesser of the amounts computed under paragraph (1) or (2) as follows:

"(1) An amount equal to the amount by which the grantee's projected costs of operation for that year exceed the total of State, local, and other funds and of the fees, premiums, and third-party reimbursements which the grantee may reasonably be expected to collect in that year.

"(2)(A) Except as provided in subparagraph (B), an amount equal to the following percentages of the grantee's projected costs of operation: 80 per centum of such costs for the first year of its operation, 65 per centum of such costs for the second year of its operation, 50 per centum of such costs for the third year of its operation, 35 per centum of such costs for the fourth year of its operation, 30 per centum of such costs for the fifth and sixth years of its operation, and 25 per centum of such costs for the seventh and eighth years of its operation.

"(B) In the case of a grantee providing services for persons in an area designated by the Secretary as an urban or rural poverty area, an amount equal to the following percentages of the grantee's projected costs of operation: 90 per centum of such costs for the first two years of its operation, 80 per centum of such costs for the third year of its operation, 70 per centum of such costs for the fourth year of its operation, 60 per centum of such costs for the fifth year of its operation, 50 per centum of such costs for the sixth year of its operation, 40 per centum of such costs for the seventh year of its operation, and 30 per centum of such costs for the eighth year of its operation.

Post, p. 314.

In any year in which a grantee receives a grant under section 204 for consultation and education services, the costs of the grantee's operation for that year attributable to the provision of such services and its collections in that year for such services shall be disregarded in making a computation under paragraph (1) or (2) respecting a grant under subsection (a) for that year.

Appropriation authorization.

"(d)(1) There are authorized to be appropriated for payments under initial grants under subsection (a) $50,000,000 for fiscal year 1976, and $55,000,000 for fiscal year 1977.

"(2) For fiscal year 1977, and for each of the succeeding seven fiscal years, there are authorized to be appropriated such sums as may be necessary to make payments under continuation grants under subsection (a) to community mental health centers and other entities which first received an initial grant under this section for fiscal year 1976, or the next fiscal year and which are eligible for a grant under this section

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in a fiscal year for which sums are authorized to be appropriated under this paragraph.

"(c)(1) Any entity which has not received a grant under subsection (a), which received a grant under section 220, 242, 243, 251, 256, 264, or 271 of this title (as in effect before the date of enactment of the Community Mental Health Centers Amendments of 1975) from appropriations under this title for a fiscal year ending before July 1, 1975, and which would be eligible for another grant under such section from an appropriation for a succeeding fiscal year if such section were not repealed by the Community Mental Health Centers Amendments of 1975 may, in lieu of receiving a grant under subsection (a) of this section, continue to receive a grant under each such repealed section under which it would be so eligible for another grant— 42 USC 2688, 2688a, 2688h, 2688k, 2688n-1, 2688r, 2688u.

"(A) for the number of years and in the amount prescribed for the grant under each such repealed section, except that—

"(i) the entity may not receive under this subsection more than two grants under any such repealed section unless it meets the requirements of section 201, and Ante, p. 309.

"(ii) the total amount received for any year (as determined under regulations of the Secretary) under the total of the grants made to the entity under this subsection may not exceed the amount by which the entity's projected costs of operation for that year exceed the total collections of State, local, and other funds and of the fees, premiums, and third-party reimbursements which the entity may reasonably be expected to make in that year; and

"(B) in accordance with any other terms and conditions applicable to such grant.

In any year in which a grantee under this subsection receives a grant under section 204 for consultation and education services, the staffing costs of the grantee for that year which are attributable to the provision of such services and the grantee's collections in that year for such services shall be disregarded in applying subparagraph (A) and the provisions of the repealed section applicable to determining the amount of the grant the grantee may receive under this subsection for that year. Infra.

"(2) An entity which receives a grant the authority for which is provided by this subsection may not receive any grant under subsection (a).

"(3) There are authorized to be appropriated for fiscal year 1976, and for each of the next six fiscal years such sums as may be necessary to make grants in accordance with paragraph (1).

"(f) Unless otherwise specifically provided, a reference in this title to a grant under section 203 includes a grant under subsection (a) of this section and a grant the authority for which is provided by subsection (c) of this section.

"GRANTS FOR CONSULTATION AND EDUCATION SERVICES

"SEC. 204. (a)(1) The Secretary may make annual grants to any community mental health center for the costs of providing the consultation and education services described in section 201(b)(1)(D) if the center— 42 USC 2685

"(A) received from appropriations for a fiscal year ending before July 1, 1975, a staffing grant under section 220 of this title (as in effect before the date of enactment of the Community Mental Health Centers Amendments of 1975) and may not because 42 USC 2685

of limitations respecting the period for which grants under that section may be made receive under section 203(c) an additional grant under such section 220; or

Ante, p. 312.
42 USC 2688.

"(B) has received or is receiving a grant under section 203 and the number of years in which the center has been in operation (as determined in accordance with section 203(a)(2)) is not less than four (or is not less than two if the Secretary determines that the center will be unable to adequately provide the consultation and education services described in section 201(b)(1)(D) during the third or fourth years of its operation without a grant under this subsection).

Ante, p. 309.

"(2) The Secretary may also make annual grants to a public or non-profit private entity—

"(A) which has not received any grant under this title (other than a grant under this section as amended by the Community Mental Health Centers Amendments of 1975),

"(B) which meets the requirements of section 201 except, in the case of an entity which has not received a grant under this section, the requirement for the provision of consultation and education services described in section 201(b)(1)(D), and

"(C) the catchment area of which is not within (in whole or in part) the catchment area of a community mental health center,

for the costs of providing such consultation and education services.

"(b) The amount of any grant made under subsection (a) shall be determined by the Secretary, but no such grant to a center may exceed the lesser of 100 per centum of such center's costs of providing such consultation and education services during the year for which the grant is made or—

"(1) in the case of each of the first two years for which a center receives such grant, the sum of (A) an amount equal to the product of $0.50 and the population of the center's catchment area, and (B) the lesser of (i) one-half the amount determined under clause (A), or (ii) one-half of the amount received by the center in such year from charges for the provision of such services;

"(2) in the case of the third year for which a center receives such a grant, the sum of (A) an amount equal to the product of $0.50 and the population of the center's catchment area, and (B) the lesser of (i) one-half the amount determined under clause (A), or (ii) one-fourth of the amount received by the center in such year from charges for the provision of such services; and

"(3)(A) except as provided in subparagraph (B), in the case of the fourth year and each subsequent year thereafter for which a center receives such a grant, the lesser of (i) the sum of (I) an amount equal to the product of $0.125 and the population of the center's catchment area, and (II) one-eighth of the amount received by the center in such year from charges for the provision of such services, or (ii) $50,000; or

"(B) in the case of the fourth year and each subsequent year for which a center receives such a grant, the sum of (i) an amount equal to the product of $0.25 and the population of the center's catchment area, and (ii) the lesser of (I) the amount determined under clause (i) of this subparagraph, or (II) one-fourth of the amount received by the center in such year from charges for the provision for such services if the amount of the last grant received by the center under section 220 of this title (as in effect before the date of the enactment of the Community Mental Health Centers Amendments of 1975) or section 203 of this title, as the case

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may be, was determined on the basis of the center providing services to persons in an area designated by the Secretary as an urban or rural poverty area.

For purposes of this subsection, the term 'center' includes an entity which receives a grant under subsection (a)(2). "Center."

"(c) There are authorized to be appropriated for payments under grants under this section $10,000,000 for fiscal year 1976, and $15,000,000 for fiscal year 1977. Appropriation authorization.

"CONVERSION GRANTS

"SEC. 205. (a) The Secretary may make not more than two grants to any public or nonprofit entity which— 42 USC 2689d.

"(1) has an approved application for a grant under section 203 or 211, and

"(2) can reasonably be expected to have an operating deficit, for the period for which a grant is or will be made under such application, which is greater than the amount of the grant the entity is receiving or will receive under such application,

for the entity's reasonable costs in providing mental health services which are described in section 201(b)(1) but which the entity did not provide before the date of the enactment of the Community Mental Health Centers Amendments of 1975. Ante, p. 309.

"(b)(1) Each grant under subsection (a) to an entity shall be made for the same period as the period for which the grant under section 203 or 211 for which the entity had an approved application is or will be made. Ante, p. 312; Post, p. 321.

"(2) The amount of any grant under subsection (a) to any entity shall be determined by the Secretary, but no such grant may exceed that part of the entity's projected operating deficit for the year for which the grant is made which is reasonably attributable to its costs of providing in such year the services with respect to which the grant is made. For purposes of this paragraph, the term 'projected operating deficit' means the excess of an entity's projected costs of operation (including the costs of operation related to the provision of services for which a grant may be made under subsection (a)) for a particular period over the total of the amount of State, local, and other funds (including funds under a grant under section 203, 204, or 211) received by the entity in that period and the fees, premiums, and third-party reimbursements which the entity may reasonably be expected to collect during that period. "Projected operating deficit."

"(c) There are authorized to be appropriated for payments under grants under subsection (a) $20,000,000 for fiscal year 1976, and $20,000,000 for fiscal year 1977. Appropriation authorization.

"GENERAL PROVISIONS RESPECTING GRANTS UNDER THIS PART

"SEC. 206. (a)(1) No grant may be made under this part to any entity or community mental health center in any State unless a State plan for the provision of comprehensive mental health services within such State has been submitted to, and approved by, the Secretary under section 237. 42 USC 2689e. Post, p. 330.

"(b) No grant may be made under this part unless an application (meeting the requirements of subsection (c)) for such grant has been submitted to, and approved by, the Secretary.

"(c)(1) An application for a grant under this part shall be submitted in such form and manner as the Secretary shall prescribe and shall Application.

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contain such information as the Secretary may require. Except as provided in paragraph (3), an application for a grant under section 203, 204, or 205 shall contain or be supported by assurances satisfactory to the Secretary that—

Ante, pp. 312, 314, 316.

"(A) the community mental health center for which the application is submitted will provide, in accordance with regulations of the Secretary (i) an overall plan and budget that meets the requirements of section 1861(z) of the Social Security Act, and (ii) an effective procedure for developing, compiling, evaluating, and reporting to the Secretary statistics and other information (which the Secretary shall publish and disseminate on a periodic basis and which the center shall disclose at least annually to the general public) relating to (I) the cost of the center's operation, (II) the patterns of use of its services, (III) the availability, accessibility, and acceptability of its services, (IV) the impact of its services upon the mental health of the residents of its catchment area, and (V) such other matters as the Secretary may require;

42 USC 1395x.

Review.

"(B) such community mental health center will, in consultation with the residents of its catchment area, review its program of services and the statistics and other information referred to in subparagraph (A) to assure that its services are responsive to the needs of the residents of the catchment area;

"(C) to the extent practicable, such community mental health center will enter into cooperative arrangements with health maintenance organizations serving residents of the center's catchment area for the provision through the center of mental health services for the members of such organizations under which arrangements the charges to the health maintenance organizations for such services shall be not less than the actual costs to the center of providing such services;

Limited English-speaking individuals.

"(D) in the case of a community mental health center serving a population including a substantial proportion of individuals of limited English-speaking ability, the center has (i) developed a plan and made arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and (ii) identified an individual on its staff who is fluent in both that language and English and whose responsibilities shall include providing guidance to such individuals and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences;

"(E) such community mental health center has (i) established a requirement that the health care of every patient must be under the supervision of a member of the professional staff, and (ii) provided for having a member of the professional staff available to furnish necessary mental health care in case of an emergency;

"(F) such community mental health center has provided appropriate methods and procedures for the dispensing and administering of drugs and biologicals;

"(G) in the case of an application for a grant under section 203 for a community mental health center which will provide services to persons in an area designated by the Secretary as an urban or rural poverty area, the applicant will use the additional grant funds it receives, because it will provide services to persons in such an area, to provide services to persons in such area who are unable to pay therefor;

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"(II) such community mental health center will develop a plan for adequate financial support to be available, and will use its best efforts to insure that adequate financial support will be available, to it from Federal sources (other than this part) and non-Federal sources (including, to the maximum extent feasible, reimbursement from the recipients of consultation and education services and screening services provided in accordance with sections 201(b)(1)(D) and 201(b)(1)(E)) so that the center will be able to continue to provide comprehensive mental health services when financial assistance provided under this part is reduced or terminated, as the case may be;

Ante, p. 309.

"(I) such community mental health center (i) has or will have a contractual or other arrangement with the agency of the State, in which it provides services, which administers or supervises the administration of a State plan approved under title XIX of the Social Security Act for the payment of all or a part of the center's costs in providing health services to persons who are eligible for medical assistance under such a State plan, or (ii) has made or will make every reasonable effort to enter into such an arrangement;

42 USC 1396.

"(J) such community mental health center has made or will make and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing health services to persons who are entitled to insurance benefits under title XVIII of the Social Security Act, to medical assistance under a State plan approved under title XIX of such Act, or to assistance for medical expenses under any other public assistance program or private health insurance program;

Reimbursements.

42 USC 1395.

"(K) such community mental health center (i) has prepared a schedule of fees or payments for the provision of its services designed to cover its reasonable costs of operation and a corresponding schedule of discounts to be applied to the payment of such fees or payments which discounts are adjusted on the basis of the patient's ability to pay; (ii) has made and will continue to make every reasonable effort (I) to secure from patients payment for services in accordance with such approved schedules, and (II) to collect reimbursement for health services to persons described in subparagraph (J) on the basis of the full amount of fees and payments for such services without application of any discount, and (iii) has submitted to the Secretary such reports as he may require to determine compliance with this subparagraph; and

Fee schedule.

"(L) such community mental health center will adopt and enforce a policy (i) under which fees for the provision of mental health services through the center will be paid to the center, and (ii) which prohibits health professionals who provide such services to patients through the center from providing such services to such patients except through the center.

An application for a grant under section 203 shall also contain a long-range plan for the expansion of the program of the community mental health center for which the application is submitted for the purpose of meeting anticipated increases in demand by residents of the center's catchment area for the comprehensive mental health services described in section 201(b)(1). Such a plan shall include a description of planned growth in the programs of the center, estimates of increased costs arising from such growth, estimates of the portion of such increased costs to be paid from Federal funds, and anticipated

Ante, p. 312.

sources of non-Federal funds to pay the portion of such increased costs not to be paid from Federal funds.

"(2) The Secretary may approve an application for a grant under section 203, 204, or 205 only if the application is recommended for approval by the National Advisory Mental Health Council, the application meets the requirements of paragraph (1), and, except as provided in paragraph (3), the Secretary—

Ante, pp. 312, 314, 316.

"(A) determines that the facilities and equipment of the applicant under the application meet such requirements as the Secretary may prescribe;

"(B) determines that—

"(i) the application contains or is supported by satisfactory assurances that the comprehensive mental health services (in the case of an application for a grant under section 203 or 205) or the consultation and education services (in the case of an application for a grant under section 204) to be provided by the applicant will constitute an addition to, or a significant improvement in quality (as determined in accordance with criteria of the Secretary) of, services that would otherwise be provided in the catchment area of the applicant;

"(ii) the application contains or is supported by satisfactory assurances that Federal funds made available under section 203, 204, or 205, as the case may be, will (I) be used to supplement and, to the extent practical, increase the level of State, local, and other non-Federal funds, including third-party health insurance payments, that would in the absence of such Federal funds be made available for the applicant's comprehensive mental health services, and (II) in no event supplant such State, local, and other non-Federal funds;

"(iii) in the case of an applicant which received a grant from appropriations for the preceding fiscal year, during the year for which the grant was made the applicant met, in accordance with the section under which such grant was made, the requirements of section 201 and complied with the assurances which were contained in or supported the applicant's application for such grant; and

Ante, p. 309.

"(iv) in the case of an application for a grant the amount of which is or may be determined under section 203(c)(2)(B) or 204(b)(3)(B) or under a provision of a repealed section of this title referred to in section 203(c) which authorizes an increase in the ceiling on the amount of a grant to support services to persons in areas designated by the Secretary as urban or rural poverty areas, the application contains or is supported by assurances satisfactory to the Secretary that the services of the applicant will, to the extent feasible, be used by a significant number of persons residing in an area designated by the Secretary as an urban or rural poverty area and requiring such services.

"(3) In the case of an application—

"(A) for the first grant under section 203(a) for an entity described in section 203(a)(1)(B), or

"(B) for the first grant the authority for which is provided by section 203(c),

the Secretary may approve such application without regard to the assurances required by the second sentence of paragraph (1) of this subsection and without regard to the determinations required of the Secretary under paragraph (2) of this subsection if the application

contains or is supported by assurances satisfactory to the Secretary that the applicant will undertake, during the period for which such first grant is to be made, such actions as may be necessary to enable the applicant, upon the expiration of such period, to make each of the assurances required by paragraph (1) and to enable the Secretary, upon the expiration of such period, to make each of the determinations required by paragraph (2).

"(4) In each fiscal year for which a community mental health center receives a grant under section 203, 204, or 205, such center shall obligate for a program of continuing evaluation of the effectiveness of its programs in serving the needs of the residents of its catchment area and for a review of the quality of the services provided by the center not less than an amount equal to 2 per centum of the amount obligated by the center in the preceding fiscal year for its operating expenses. Evaluation and review. Ante, pp. 312, 314, 316.

"(5) The costs for which grants may be made under section 203(a), 204, or 205 shall be determined in the manner prescribed in regulations of the Secretary issued after consultation with the National Advisory Mental Health Council.

"(6) If the Secretary determines under section 203, 204, or 205 that an applicant for a grant under such section—

"(A) has not made reasonable efforts to secure payments or reimbursements in accordance with assurances provided under subparagraph (I), (J), or (K) of subsection (c)(1), or

"(B) is capable of increasing the amount of payments or reimbursements described in any such subparagraph,

the Secretary shall, in the case of a determination described in subparagraph (A), inform the applicant of the respects in which the applicant has not made such reasonable efforts and the manner in which the applicant's performance can be improved and, in the case of a determination described in subparagraph (B), inform the applicant of the manner in which the applicant can increase the amount of such payments. The Secretary shall give to an applicant a reasonable opportunity to respond, before the amount of the grant the applicant is applying for is determined, to a determination described in the preceding sentence. A determination of the Secretary referred to in the first sentence shall be referred to the National Advisory Mental Health Council for its review and recommendations.

"(d) An application for a grant under this part which is submitted to the Secretary shall at the same time be submitted to the State mental health authority for the State in which the project or community mental health center for which the application is submitted is located. A State mental health authority which receives such an application under this subsection may review it and submit its comments to the Secretary within the forty-five-day period beginning on the date the application was received by it. The Secretary shall take action to require an applicant to revise his application or to approve or disapprove an application within the period beginning on the date the State mental health authority submits its comments or on the expiration of such forty-five-day period, whichever occurs first, and ending on the ninetieth day following the date the application was submitted to him.

"(e) Not more than 2 per centum of the total amount appropriated under sections 203, 204, and 205 for any fiscal year shall be used by the Secretary to provide directly through the Department technical assistance for program management and for training in program management to community mental health centers which received grants under such sections or to entities which received grants under section 220 of 42 USC 2688.

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this title in a fiscal year beginning before the date of the enactment of the Community Mental Health Centers Amendments of 1975.

"Community mental health center."

"(f) For purposes of subsections (b), (c), (d), and (e) of this section, the term 'community mental health center' includes an entity which applies for or has received a grant under section 203 or 201 (a)(2).

Ante, pp. 312, 314.

"PART B—FINANCIAL DISTRESS GRANTS

"GRANT AUTHORITY

42 USC 2689f.

"SEC. 211. The Secretary may make grants for the operation of any community mental health center which—

42 USC 2688.

"(1)(A) received a grant under section 220 of this title (as in effect before the date of enactment of the Community Mental Health Centers Amendments of 1975) and, because of limitations in such section 220 respecting the period for which the center may receive grants under such section 220, is not eligible for further grants under that section for a fiscal year beginning after June 30, 1975; or

"(B) received a grant or grants under section 203(a) of this title and, because of limitations respecting the period for which grants under such section may be made, is not eligible for further grants under that section; and

"(2) demonstrates that without a grant under this section there will be a significant reduction in the types or quality of services provided or there will be an inability to provide the services described in section 201(b).

Ante, p. 309.

"GRANT REQUIREMENTS

42 USC 2689g.

"SEC. 212. (a) No grant may be made under section 211 to any community mental health center in any State unless a State plan for the provision of comprehensive mental health services within such State has been submitted to, and approved by, the Secretary under section 237. Any grant under section 211 may be made upon such terms and conditions as the Secretary determines to be reasonable and necessary, including requirements that the community mental health center agree (1) to disclose any financial information or data deemed by the Secretary to be necessary to determine the sources or causes of that center's financial distress, (2) to conduct a comprehensive cost analysis study in cooperation with the Secretary, (3) to carry out appropriate operational and financial reforms on the basis of information obtained in the course of the comprehensive cost analysis study or on the basis of other relevant information, and (4) to use a grant received under section 211 to enable it to provide (within such period as the Secretary may prescribe) the comprehensive mental health services described in section 201(b) and to revise its organization to meet the requirements of sections 201(c) and 201(d).

Post, p. 330.

"(b) An application for a grant under section 211 must contain or be supported by the assurances prescribed by subparagraphs (A), (B), (C), (D), (E), (F), (G), (I), (J), (K), and (L) of section 206(c)(1) and assurances satisfactory to the Secretary that the applicant will expend for its operation as a community mental health center, during the year for which such grant is sought, an amount of funds (other than funds for construction, as determined by the Secretary) from non-Federal sources which is at least as great as the average annual

Ante, p. 316.

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amount of funds expended by such applicant for such purpose (excluding expenditures of a nonrecurring nature) in the three years immediately preceding the year for which such grant is sought. The Secretary may not approve such an application unless it has been recommended for approval by the National Advisory Mental Health Council. The requirements of section 206(d) respecting opportunity for review of applications by State mental health authorities and time limitations on actions by the Secretary on applications shall apply with respect to applications submitted for grants under section 211.

Ante, p. 316.

Ante, p. 321.

"(c) Each grant under this section to a grantee shall be made for the projected costs of operation (except the costs of providing the consultation and education services described in section 201(b)(1)(D)) of such grantee for the one-year period beginning on the first day of the first month in which such grant is made. No community mental health center may receive more than three grants under section 211.

Ante, p. 309.

"(d) The amount of a grant for a community mental health center under section 211 for any year shall be the lesser of the amounts computed under paragraph (1) or (2) as follows:

"(1) An amount equal to the amount by which the center's projected costs of operation for that year exceed the total of State, local, and other funds and of the fees, premiums, and third-party reimbursements which the center may reasonably be expected to collect in that year.

"(2) An amount equal to the product of—

"(A) 90 per centum of the percentage of costs—

"(i) which was the ceiling on the grant last made to the center in the first series of grants it received under section 220 of this title (as in effect before the date of the enactment of the Community Mental Health Centers Amendments of 1975), or

42 USC 2688.

"(ii) prescribed by subsection (c)(2) of section 203 for computation of the last grant to the center under such section,

Ante, p. 313.

whichever grant was made last, and

"(B) the center's projected costs of operation in the year for which the grant is to be made under section 211.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 213. There are authorized to be appropriated $15,000,000 for fiscal year 1976, and $15,000,000 for fiscal year 1977 for payments under grants under section 211.

42 USC 2688d.

"PART C—FACILITIES ASSISTANCE

"ASSISTANCE AUTHORITY

"SEC. 221. (a) From allotments made under section 227 the Secretary shall pay, in accordance with this part, the Federal share of projects for (1) the acquisition or remodeling, or both, of facilities for community mental health centers, (2) the leasing (for not more than twenty-five years) of facilities for such centers, (3) the construction of new facilities or expansion of existing facilities for community mental health centers if not less than 25 per centum of the residents of the centers' catchment areas are members of low-income groups (as determined under regulations prescribed by the Secretary), and (4) the initial equipment of a facility acquired, remodeled, leased, con-

42 USC 2689.
Post, p. 327.

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structed, or expanded with financial assistance provided under payments under this part. Payments shall not be made for the construction of a new facility or the expansion of an existing one unless the Secretary determines that it is not feasible for the recipient to acquire or remodel an existing facility.

"Federal share."

"(b)(1) For purposes of this part, the term 'Federal share' with respect to any project described in subsection (a) means the portion of the cost of such project to be paid by the Federal Government under this part.

"(2) The Federal share with respect to any project described in subsection (a) in a State shall be the amount determined by the State agency of the State, but, except as provided in paragraph (3), the Federal share for any such project may not exceed 66⅔ per centum of the costs of such project or the State's Federal percentage, whichever is the lower. Prior to the approval of the first such project in a State during any fiscal year, the State agency shall give the Secretary written notification of (A) the maximum Federal share, established pursuant to this paragraph, for such projects in such State which the Secretary approves during such fiscal year, and (B) the method for determining the specific Federal share to be paid with respect to any such project; and such maximum Federal share and such method of Federal share determination for such projects in such State during such fiscal year shall not be changed after the approval of the first such project in the State during such fiscal year.

"(3) In the case of any community mental health center which provides or will, upon completion of the project for which application has been made under this part, provide services for persons in an area designated by the Secretary as an urban or rural poverty area, the maximum Federal share determined under paragraph (2) may not exceed 90 per centum of the costs of the project.

"(4)(A) For purposes of paragraph (2), the Federal percentage for (i) Puerto Rico, Guam, American Samoa, and the Virgin Islands shall be 66⅔ per centum, and (ii) any other State shall be 100 per centum less that percentage which bears the same ratio to 50 per centum as the per capita income of such State bears to the average per capita income of all such other States.

"(B) The Federal percentages under clause (ii) of subparagraph (A) shall be promulgated by the Secretary, between October 1 and December 31 of each even-numbered year, on the basis of the average of the per capita incomes of each of the States subject to such Federal percentages and of all the States subject to such percentages for the three most recent consecutive years for which satisfactory data are available from the Department of Commerce. Such promulgation shall be conclusive for each of the two fiscal years in the period beginning July 1 next succeeding such promulgation.

"APPROVAL OF PROJECTS

Application. 42 USC 2689j. Post, p. 330.

"SEC. 222. (a) For each project for a community mental health center facility pursuant to a State plan approved under section 237, there shall be submitted to the Secretary, through the State agency of the State, an application by the State or a political subdivision thereof or by a public or other nonprofit agency. If two or more such agencies join in the project, the application may be filed by one or more of such agencies. Such application shall set forth—

"(1) a description of the site for such project;

July 29, 1975

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"(2) plans and specifications therefor in accordance with the regulations prescribed by the Secretary under section 236; Post, p. 329.

"(3) except in the case of a leasing project, reasonable assurance that title to such site is or will be vested in one or more of the agencies filing the application or in a public or nonprofit private agency which is to operate the community mental health center;

"(4) reasonable assurance that adequate financial support will be available for the project and for its maintenance and operation when completed;

"(5) reasonable assurance that all laborers and mechanics employed by contractors or subcontractors in the performance of work on a construction or remodeling project will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276a—276a-5, known as the Davis-Bacon Act), and the Secretary of Labor shall have with respect to such labor standards the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c);

"(6) a certification by the State agency of the Federal share for the project; and

"(7) the assurances described in section 206(c)(2). Ante, p. 319.

Each applicant shall be afforded an opportunity for a hearing before the State agency respecting its application. For purposes of paragraph (3), the term 'title' means a fee simple or such other estate or interest (including a leasehold on which the rental does not exceed 4 per centum of the value of the land) as the Secretary finds sufficient to assure for a period of not less than fifty years undisturbed use and possession for the purposes of acquisition, remodeling, construction, or expansion of a facility and its operation. Hearing. "Title."

"(b) The Secretary shall approve an application submitted in accordance with subsection (a) if—

"(1) sufficient funds to pay the Federal share for the project for which the application was submitted are available from the allotment to the State;

"(2) the Secretary finds that the application meets the applicable requirements of subsection (a) and the community mental health center for which the application was submitted will meet the requirements of the State plan (under section 237) of the State in which the project is located; and Post, p. 330.

"(3) the Secretary finds that the application has been approved and recommended by the State agency and is entitled to priority over other projects within the State, as determined under the State plan.

No application shall be disapproved by the Secretary until he has afforded the State agency an opportunity for a hearing. The Secretary may not approve an application under this part for a project for a facility for a community mental health center or other entity which received a grant under section 220, 242, 243, 251, 256, 264, or 271 of this title (as in effect before the date of the enactment of the Community Mental Health Centers Amendments of 1975) from appropriations for a fiscal year ending before July 1, 1975, unless the Secretary determines that the application is for a project for a center or entity which upon completion of such project will be able to significantly expand its services and which demonstrates exceptional financial need Hearing. 42 USC 2688, 2688g, 2688h, 2688k, 2688n-1, 2688r, 2688u.

for assistance under this part for such project. Amendment of any approved application shall be subject to approval in the same manner as an original application.

"PAYMENTS

42 USC 2689k.

"SEC. 223. (a)(1) Upon certification to the Secretary by the State agency, based upon inspection by it, that work has been performed upon a remodeling, construction, or expansion project, or purchases for such a project have been made, in accordance with the approved plans and specifications, and that payment of an installment is due to the applicant, such installment shall be paid to the State, from the applicable allotment of such State, except that (1) if the State is not authorized by law to make payments to the applicant, the payment shall be made directly to the applicant, (2) if the Secretary, after investigation or otherwise, has reason to believe that any act (or failure to act) has occurred requiring action pursuant to subsection (c) of this section, payment may, after he has given the State agency notice of opportunity for hearing pursuant to such section, be withheld in whole or in part, pending corrective action or action based on such hearing, and (3) the total payments with respect to such project may not exceed an amount equal to the Federal share of the cost of such project.

Notice and hearing.

"(2) If an amendment to an approved application is approved or the estimated cost of a remodeling, construction, or expansion project is revised upward, any additional payment with respect thereto may be made from the applicable allotment of the State for the fiscal year in which such amendment or revision is approved.

Regulations.

"(b) Payments from a State allotment for acquisition and leasing projects shall be made in accordance with regulations which the Secretary shall promulgate.

"(c)(1) If the Secretary finds that—

Post, p. 330.

"(A) a State agency is not substantially complying with the provisions required by section 237 to be in a State plan or with

Post, p. 329.

regulations issued under section 236;

"(B) any assurance required to be in an application filed under

Ante, p. 323.

section 222 is not being carried out;

"(C) there is substantial failure to carry out plans and specifications approved by the Secretary under section 222; or

"(D) adequate State funds are not being provided annually for the direct administration of a State plan approved under section 237,

Notice and hearing.

the Secretary may take the action authorized under paragraph (2) of this subsection if the finding was made after reasonable notice and opportunity for hearing to the involved State agency.

"(2) If the Secretary makes a finding described in paragraph (1), he may notify the involved State agency, which is the subject of the finding or which is connected with a project or State plan which is the subject of the finding, that—

Post, p. 327.

"(A) no further payments will be made to the State from allotments under section 227; or

"(B) no further payments will be made from allotments under section 227 for any project or projects designated by the Secretary as being affected by the action or inaction referred to in subparagraph (A), (B), (C), or (D) of paragraph (1),

as the Secretary may determine to be appropriate under the circumstances; and, except with regard to any project for which the application has already been approved and which is not directly affected, further payments from such allotments may be withheld, in whole or

in part, until there is no longer any failure to comply (or to carry out the assurance or plans and specifications or to provide adequate State funds, as the case may be) or, if such compliance (or other action) is impossible, until the State repays or arranges for the repayment of Federal moneys to which the recipient was not entitled.

"JUDICIAL REVIEW

"SEC. 224. If— 42 USC 2689j.

"(1) the Secretary refuses to approve an application for a project submitted under section 222, the State agency through which such application was submitted, or Ante, p. 323.

"(2) any State is dissatisfied with the Secretary's action under section 223(c) or 237(c), such State, Post, p. 330.

may appeal to the United States court of appeals for the circuit in which such State agency or State is located, by filing a petition with such court within sixty days after such action. A copy of the petition shall be forthwith transmitted by the clerk of the court to the Secretary, or any officer designated by him for that purpose. The Secretary thereupon shall file in the court the record of the proceedings on which he based his action, as provided in section 2112 of title 28, United States Code. Upon the filing of such petition, the court shall have jurisdiction to affirm the action of the Secretary or to set it aside, in whole or in part, temporarily or permanently, but, until the filing of the record, the Secretary may modify or set aside his order. The findings of the Secretary as to the facts, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown, may remand the case to the Secretary to take further evidence, and the Secretary may thereupon make new or modified findings of facts and may modify his previous action, and shall file in the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence. The judgment of the court affirming or setting aside, in whole or in part, any action of the Secretary shall be final, subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code. The commencement of proceedings under this section shall not, unless so specifically ordered by the court, operate as a stay of the Secretary's action.

"RECOVERY

"SEC. 225. If any facility of a community mental health center acquired, remodeled, constructed, or expanded with funds provided under this part is, at any time within twenty years after the completion of such remodeling, construction, or expansion or after the date of its acquisition with such funds— 42 USC 2689m.

"(1) sold or transferred to any person or entity (A) which is not qualified to file an application under section 222, or (B) which is not approved as a transferee by the State agency of the State in which such facility is located, or its successor; or

"(2) not used by a community mental health center in the provision of comprehensive mental health services, and the Secretary has not determined that there is good cause for termination of such use,

the United States shall be entitled to recover from either the transferor or the transferee in the case of a sale or transfer or from the owner in the case of termination of use an amount bearing the same ratio to the

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then value (as determined by the agreement of the parties or by action brought in the United States district court for the district in which the center is situated) of so much of such facility or center as constituted an approved project or projects, as the amount of the Federal participation bore to the acquisition, remodeling, construction, or expansion cost of such project or projects. Such right of recovery shall not constitute a lien upon such facility or center prior to judgment.

"NONDUPLICATION

42 USC 2689n. 42 USC 201 note.

"SEC. 226. No grant may be made under the Public Health Service Act for the remodeling, construction, or expansion of a facility for a community mental health center unless the Secretary determines that there are no funds available under this part for the remodeling, construction, or expansion of such facility.

"ALLOTMENTS TO STATES

42 USC 2689o.

"SEC. 227. (a) In each fiscal year, the Secretary shall, in accordance with regulations, make allotments, from the sums appropriated under section 228, to the States (with State plans approved under section 237) on the basis of (1) the population, (2) the extent of the need for community mental health centers, and (3) the financial need, of the respective States; except that no such allotment to any State, other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands, in any fiscal year may be less than $100,000. Sums so allotted to a State other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands, in a fiscal year and remaining unobligated at the end of such year shall remain available to such State for such purpose in the next fiscal year (and in such year only), in addition to the sums allotted for such State in such next fiscal year. Sums so allotted to the Virgin Islands, American Samoa, Guam, or the Trust Territory of the Pacific Islands in a fiscal year and remaining unobligated at the end of such year shall remain available to such State for such purpose in the next two fiscal years (and in such years only), in addition to the sums allotted to such State for such purpose in each of such next two fiscal years.

Post, p. 330.

"(b) The amount of an allotment under subsection (a) to a State in a fiscal year which the Secretary determines will not be required by the State during the period for which it is available for the purpose for which allotted shall be available for reallotment by the Secretary from time to time, on such date or dates as he may fix, to other States with respect to which such a determination has not been made, in proportion to the original allotments of such States for such fiscal year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Secretary estimates such State needs and will be able to use during such period; and the total of such reductions shall be similarly reallotted among the States whose proportionate amounts were not so reduced. Any amount so reallotted to a State in a fiscal year shall be deemed to be a part of its allotment under subsection (a) in such fiscal year.

"AUTHORIZATION OF APPROPRIATIONS

42 USC 2689p.

"SEC. 228. There are authorized to be appropriated $5,000,000 for fiscal year 1976, and $5,000,000 for fiscal year 1977, for allotments under section 227.

52 57.

"PART D--RAPE PREVENTION AND CONTROL.

"RAPE PREVENTION AND CONTROL.

"SEC. 231. (a) The Secretary shall establish within the National Institute of Mental Health an identifiable administrative unit to be known as the National Center for the Prevention and Control of Rape (hereinafter in this section referred to as the 'Center'). National Center for the Prevention and Control of Rape, Establishment. 42 USC 2689a.

"(b)(1) The Secretary, acting through the Center, may, directly or by grant, carry out the following:

"(A) A continuing study of rape, including a study and investigation of— Continuing study and investigation.

"(i) the effectiveness of existing Federal, State, and local laws dealing with rape;

"(ii) the relationship, if any, between traditional legal and social attitudes toward sexual roles, the act of rape, and the formulation of laws dealing with rape;

"(iii) the treatment of the victims of rape by law enforcement agencies, hospitals or other medical institutions, prosecutors, and the courts;

"(iv) the causes of rape, identifying to the degree possible—

"(I) social conditions which encourage sexual attacks, and

"(II) the motives of offenders, and

"(v) the impact of rape on the victim and the family of the victim;

"(vi) sexual assaults in correctional institutions;

"(vii) the actual incidence of forcible rape as compared to the reported incidence of forcible rape and the reasons for any difference in such incidences; and

"(viii) the effectiveness of existing private and local and State government educational, counseling, and other programs designed to prevent and control rape.

"(B) The compilation, analysis, and publication of summaries of the continuing study conducted under subparagraph (A) and the research and demonstration projects conducted under subparagraph (E). The Secretary shall annually submit to the Congress a summary of such study and projects together with recommendations where appropriate. Summary, submittal to Congress.

"(C) The development and maintenance of an information clearinghouse with regard to— Information clearinghouse.

"(i) the prevention and control of rape;

"(ii) the treatment and counseling of the victims of rape and their families; and

"(iii) the rehabilitation of offenders.

"(D) The compilation and publication of training materials for personnel who are engaged or intend to engage in programs designed to prevent and control rape.

"(E) Assistance to community mental health centers and other qualified public and nonprofit private entities in conducting research and demonstration projects concerning the prevention and control of rape, including projects (i) for the planning, developing, implementing, and evaluating of alternative methods used in the prevention and control of rape, the treatment and counseling of the victims of rape and their families, and the rehabilitation of offenders; (ii) for the application of such alternative

methods; and (iii) for the promotion of community awareness of the specific locations in which, and the specific social and other conditions under which, sexual attacks are most likely to occur.

"(F) Assistance to community mental health centers in meeting the costs of providing consultation and education services respecting rape.

"Rape."

"(2) For purposes of this subsection, the term 'rape' includes statutory and attempted rape and any other criminal sexual assault (whether homosexual or heterosexual) which involves force or the threat of force.

Advisory committee.

"(c) The Secretary shall appoint an advisory committee to advise, consult with, and make recommendations to him on the implementation of subsection (b). The Secretary shall appoint to such committee persons who are particularly qualified to assist in carrying out the functions of the committee. A majority of the members of the committee shall be women. Members of the advisory committee shall receive compensation at rates, not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule, for each day (including traveltime) they are engaged in the performance of their duties as members of the advisory committee and, while so serving away from their homes or regular places of business, each member shall be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as authorized by section 5703 of title 5, United States Code, for persons in Government service employed intermittently.

Compensation and travel expenses, 5 USC 5332 note.

Appropriation authorization.

"(d) For the purpose of carrying out subsection (b), there are authorized to be appropriated $7,000,000 for fiscal year 1976, and $10,000,000 for fiscal year 1977.

"PART E—GENERAL PROVISIONS

"DEFINITIONS

42 USC 2689r.

"SEC. 235. For purposes of this title—

"(1) The term 'State' includes the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, the Trust Territory of the Pacific Islands, and the District of Columbia.

"(2) The term 'State agency' means the State mental health authority for which grants are authorized under section 314(d) of the Public Health Service Act.

42 USC 246.

"(3) The term 'Secretary' means the Secretary of Health, Education, and Welfare.

"(4) The term 'National Advisory Mental Health Council' means the National Advisory Mental Health Council established under section 217 of the Public Health Service Act.

42 USC 218.

"REGULATIONS

42 USC 2689s.

"SEC. 236. Regulations issued by the Secretary for the administration of this title shall include provisions applicable uniformly to all the States which—

"(1) prescribe the general manner in which the State agency of a State shall determine the priority of projects for community mental health centers on the basis of the relative need of the different areas of the State for such centers and their services and require special consideration for projects on the basis of the extent to which a center to be assisted or established upon completion of a

project (A) will, alone or in conjunction with other centers owned or operated by the applicant for the project or affiliated or associated with such applicant, provide comprehensive mental health services for residents of a particular community or communities, or (B) will be part of or closely associated with a general hospital;

"(2) prescribe general standards for facilities and equipment for centers of different classes and in different types of location; and

"(3) require that the State plan of a State submitted under section 237 provide for adequate community mental health centers for people residing in the State, and provide for adequate community mental health centers to furnish needed services for persons unable to pay therefor.

The National Advisory Mental Health Council shall be consulted by the Secretary before the issuance of regulations under this section.

"STATE PLAN

Contents.
42 USC 2689r.

"SEC. 237. (a) A State plan for the provision of comprehensive mental health services within a State shall be comprised of the following two parts:

Administration.

"(1) An administrative part containing provisions respecting the administration of the plan and related matters. Such part shall—

"(A) provide for the designation of a State advisory council to consult with the State agency in administering such plan, which council shall include (i) representatives of nongovernment organizations or groups, and of State agencies, concerned with the planning, operation, or use of community mental health centers or other mental health facilities, and (ii) representatives of consumers and providers of the services of such centers and facilities who are familiar with the need for such services;

"(B) provide that the State agency will make such reports in such form and containing such information as the Secretary may from time to time reasonably require, and will keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports;

"(C) provide that the State agency will from time to time, but not less often than annually, review the State plan and submit to the Secretary appropriate modifications thereof which it considers necessary; and

"(D) include provisions, meeting such requirements as the Civil Service Commission may prescribe, relating to the establishment and maintenance of personnel standards on a merit basis.

Services and facilities.

"(2) A services and facilities part containing provisions respecting services to be offered within the State by community mental health centers and provisions respecting facilities for such centers. Such part shall—

"(A) be consistent with the provisions of the State plan prepared in accordance with section 1521(c)(2) of the Public Health Service Act or the State plan approved under section 314(a) of such Act, whichever is applicable, relating to the provision of mental health services;

42 USC 300m-3.
42 USC 246.

"(B) set forth a program for community mental health centers within the State (i) which is based on a statewide inven-

tory of existing facilities and a survey of need for the comprehensive mental health services described in section 201(b); (ii) which conforms with regulations prescribed by the Secretary under section 236; and (iii) which shall provide for adequate community mental health centers to furnish needed services for persons unable to pay therefor;

Ante, p. 309.

Ante, p. 329.

"(C) set forth the relative need, determined in accordance with the regulations prescribed under section 236, for the projects included in the program described in subparagraph (B), and, in the case of projects under part C, provide for the completion of such projects in the order of such relative need;

"(D) emphasize the provision of outpatient services by community mental health centers as a preferable alternative to inpatient hospital services; and

"(E) provide minimum standards (to be fixed in the discretion of the State) for the maintenance and operation of centers which receive Federal aid under this title and provide for enforcement of such standards with respect to projects approved by the Secretary under this title.

"(b) The State agency shall administer or supervise the administration of the State plan.

Submission and approval.

"(c) A State shall submit a State plan in such form and manner as the Secretary shall by regulation prescribe. The Secretary shall approve any State plan (and any modification thereof) which complies with the requirements of subsection (a). The Secretary shall not finally disapprove a State plan except after reasonable notice and opportunity for a hearing to the State.

Ante, p. 327.

"(d)(1) At the request of any State, a portion of any allotment or allotments of such State under section 227 for any fiscal year shall be available to pay one-half (or such smaller share as the State may request) of the expenditures found necessary by the Secretary for the proper and efficient administration of the provisions of the State plan approved under this section which relate to projects under part C for facilities for community mental health centers; except that not more than 5 per centum of the total of the allotments of such State for any fiscal year, or $50,000, whichever is less, shall be available for such purpose. Amounts made available to any State under this paragraph from its allotment or allotments under section 227 for any fiscal year shall be available only for such expenditures (referred to in the preceding sentence) during such fiscal year or the following fiscal year. Payments of amounts due under this paragraph may be made in advance or by way of reimbursement, and in such installments, as the Secretary may determine.

Ante, p. 322.

"(2) Any amount paid under paragraph (1) to any State for any fiscal year for administration of the provisions of an approved State plan shall be paid on condition that there shall be expended from State sources for each year for administration of such provisions not less than the total amount expended for such purposes from such sources during the fiscal year ending June 30, 1968.

"CATCHMENT AREA REVIEW

42 USC 2689u.
42 USC 300w.

"SEC. 238. Each State health planning and development agency designated for a State under section 1521 of the Public Health Service Act shall, in consultation with that State's mental health authority, periodically review the catchment areas of the community mental health centers located in that State to (1) insure that the sizes of

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such areas are such that the services to be provided through the centers (including their satellites) serving the areas are available and accessible to the residents of the areas promptly, as appropriate, (2) insure that the boundaries of such areas conform, to the extent practicable, with relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs, and (3) insure that the boundaries of such areas eliminate, to the extent possible, barriers to access to the services of the centers serving the areas, including barriers resulting from an area's physical characteristics, its residential patterns, its economic and social groupings, and available transportation.

"STATE CONTROL OF OPERATIONS

"SEC. 239. Except as otherwise specifically provided, nothing in this title shall be construed as conferring on any Federal officer or employee the right to exercise any supervision or control over the administration, personnel, maintenance, or operation of any community mental health center with respect to which any funds have been or may be expended under this title. 42 USC 2689v.

"RECORDS AND AUDIT

"SEC. 240. (a) Each recipient of assistance under this title shall keep such records as the Secretary shall prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such assistance, the total cost of the project or undertaking in connection with which such assistance is given or used, and the amount of that portion of the cost of the project or undertaking supplied by other sources, and such other records as will facilitate an effective audit. 42 USC 2689w.

"(b) The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipients that are pertinent to the assistance received under this title.

"NONDUPLICATION

"SEC. 241. In determining the amount of any grant under part A, B, or C for the costs of any project there shall be excluded from such costs an amount equal to the sum of (1) the amount of any other Federal grant which the applicant for such grant has obtained, or is assured of obtaining, with respect to such project, and (2) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant. 42 USC 2689x.

"DETERMINATION OF POVERTY AREA

"SEC. 242. For purposes of any determination by the Secretary under this title as to whether any urban or rural area is a poverty area, the Secretary may not determine that an area is an urban or rural poverty area unless— 42 USC 2689y.

"(1) such area contains one or more subareas which are characterized as subareas of poverty;

"(2) the population of such subarea or subareas constitutes a substantial portion of the population of such rural or urban area; and

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"(3) the project, facility, or activity, in connection with which such determination is made, does, or (when completed or put into operation) will, serve the needs of the residents of such subarea or subareas.

"PROTECTION OF PERSONAL RIGHTS

42 USC 2689z. Ante, pp. 309, 321.

"SEC. 243. In making grants under parts A and B, the Secretary shall take such steps as may be necessary to assure that no individual shall be made the subject of any research involving surgery which is carried out (in whole or in part) with funds under such grants unless such individual explicitly agrees to become a subject of such research.

"REIMBURSEMENT

42 USC 2689aa.

"SEC. 244. The Secretary shall, to the extent permitted by law, work with States, private insurers, community mental health centers, and other appropriate entities to assure that community mental health centers shall be eligible for reimbursement for their mental health services to the same extent as general hospitals and other licensed providers.

"SHORT TITLE

42 USC 2689 note.

"SEC. 245. This title may be cited as the 'Community Mental Health Centers Act'.".

REPORT

42 USC 2689 note.

SEC. 304. (a) Not later than one year after the date of the enactment of this Act the Secretary of Health, Education, and Welfare shall make a report to the Committee on Interstate and Foreign Commerce of the House of Representatives and the Committee on Labor and Public Welfare of the Senate setting forth a plan, to be carried out in a period of five years, for the extension of comprehensive mental health services through community mental health centers to persons in all areas in which there is a demonstrated need for such services. Such plan shall, at a minimum, indicate on a phased basis the number of persons to be served by such services and an estimate of the cost and personnel requirements needed to provide such services.

(b) Not later than eighteen months after the date of the enactment of this Act the Secretary of Health, Education, and Welfare shall submit to the Committee on Interstate and Foreign Commerce of the House of Representatives and the Committee on Labor and Public Welfare of the Senate a report setting forth (1) national standards for care provided by community mental health centers, and (2) criteria for evaluation of community mental health centers and the quality of the services provided by the centers.

CONFORMING AMENDMENTS

42 USC 2691.

SEC. 305. (a) Section 401 of the Mental Retardation Facility and Community Mental Health Centers Construction Act of 1963 is amended—

(1) by striking out paragraph (c);

Definitions.

(2) by amending paragraph (d) to read as follows:

"(d) The terms 'nonprofit facility for persons with developmental disabilities' and 'nonprofit private institution of higher learning' mean, respectively, a facility for persons with developmental disabilities and an institution of higher learning which is owned and operated by one or more nonprofit corporations or associations no part of the net

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earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual; and the term 'nonprofit private agency or organization' means an agency or organization which is such a corporation or association or which is owned and operated by one or more of such corporations or associations."; and

(3) by—

(A) striking out "or part A of title II" in paragraph (h)(1). 42 USC 2691.

(B) by striking out in paragraph (h)(2) "(A)" and "; and (B) for any project under part A of title II may not exceed 66⅔ per centum of the costs of construction of such project or the State's Federal percentage, whichever is the lower", and

(C) by striking out "or under part A of title II" in paragraph (h)(3).

(b) Section 403 of such Act is amended— 42 USC 2693.

(1) by striking out ", or section 204 in the case of a community mental health center," in subsection (a),

(2) by striking out "or section 206, as the case may be," in such subsection,

(3) by striking out "or 205" in subsection (b), and

(4) by striking out the second sentence of subsection (c)(1).

(c) Section 404 is amended by striking out "or 205", "or 204(b)", and "or 206". 42 USC 2694.

(d) Section 405 is amended— 42 USC 2695.

(1) by striking out "or 205" in paragraph (1)(A),

(2) by striking out "or section 204 (in case of a community mental health center)" in such paragraph,

(3) by striking out "or community mental health center, as the case may be," in paragraph (2),

(4) by striking out "or such center as a community mental health center" in such paragraph,

(5) by striking out "or center" each place it occurs in the matter following paragraph (2), and

(6) by striking out "or community mental health center" in such matter.

(e) Section 406 is amended by striking out "or community mental health center". 42 USC 2696.

TITLE IV—MIGRANT HEALTH CENTERS

MIGRANT HEALTH CENTERS

SEC. 401. (a) Section 319 of the Public Health Service Act is amended to read as follows: 42 USC 247d.

"MIGRANT HEALTH

"SEC. 319. (a) For purposes of this section: Definitions.

"(1) The term 'migrant health center' means an entity which either through its staff and supporting resources or through contracts or cooperative arrangements with other public or private entities provides—

"(A) primary health services,

"(B) as may be appropriate for particular centers, supplemental health services necessary for the adequate support of primary health services,

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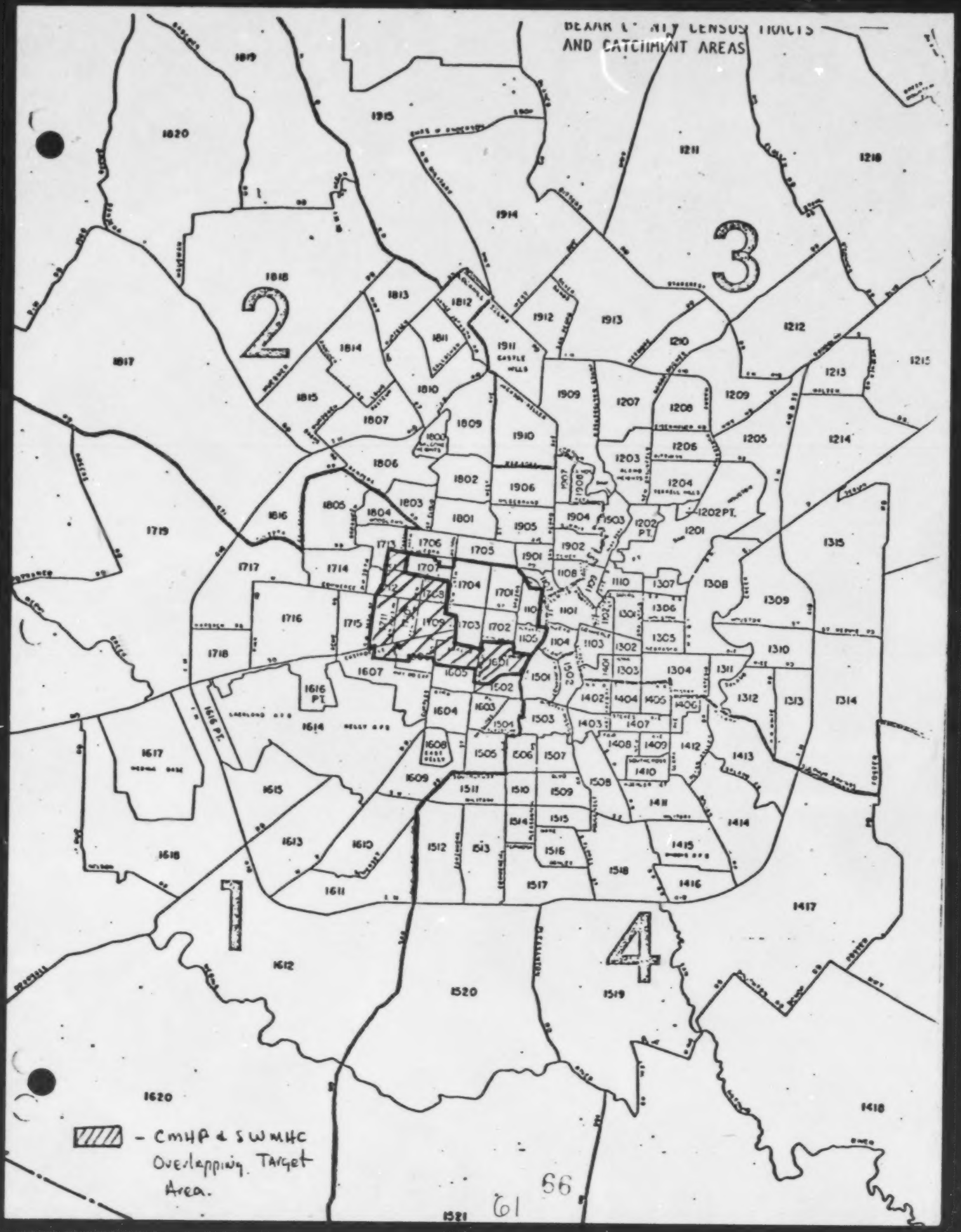
ATTACHMENT #3

CHILD MENTAL HEALTH PROGRAM AND SOUTHWEST MENTAL HEALTH UNIT
OVERLAPPING TARGET AREA


AND CATCHMENT AREAS
1
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- CMHP & SWMHC Overlapping Target Area.

ATTACHMENT #4

MEXICAN AMERICAN UNITY COUNCIL - "PUBLIC LAW 94-63 - IT'S IMPACT ON THE FUTURE OF THE CHILD MENTAL HEALTH PROGRAM AND ALTERNATIVES FOR SURVIVAL"
July 14, 1976

MEXICAN AMERICAN UNITY COUNCIL, INC.
Public Law 94-63

"IT'S IMPACT ON THE FUTURE OF THE CHILD MENTAL HEALTH PROGRAM AND ALTERNATIVES FOR SURVIVAL"

July 14, 1976

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Introduction

The Mexican American Unity Council's Child Mental Health Program (CMHP) has been providing culturally relevant mental health services to the area formerly known as the Model Neighborhood Area (MNA) for the last four years. During this time, the program has made considerable progress of alleviating a variety of problems besetting children between the ages of 3-13.

The program has achieved an established record of an aggressive, sincere and committed effort to deal with children within the context of their environment (social, educational, familial, etc..,) utilizing a bilingual-bicultural approach for the prevention of mental health problems. As such, the CMHP has become the recognized provider of children mental health services in the west portion of San Antonio. This can be attested by the fact that the program is the only Part -F federally funded program in the city.

Such continued success is in jeopardy due to the new legislation governing the area of community mental health services. Unless there is a development of alternative plans established, the program will go out of operation by August 1977. The consequences of such, are severe enough that requires the immediate attention to plan out a process in order for the program to continue. Such is the intent of this discourse- "How to save the Child Mental Health Program for continued services to children."

I Problem Analysis

With the advent of the "Special Health Revenue Sharing Act of 1975" commonly referred to as Public Law 94-63, the existing community mental health service delivery system faces a catastrophic situation. The legislation (Title III-Community Mental Health Centers) specifically aims at creating comprehensive mental health centers by requiring the addition of seven (7) new service elements to the existing five (5). As such, the stipulations revolve around the existing community mental health center as being the hub of all mental health services to the respective catchment area in which the center operates. The law has definitely created a burdensome situation on existing mental health service providers in trying to conform to the regulations. Mechanisms for amending the mental health delivery system have been established and as such, brings attention to the particular tenious situation MAUC's Child Mental Health Program (CMHP) presently faces.

Public Law 94-63 when enacted, gave no consideration to "Speciality Grants" of which category the CMHP falls under Part-F- Child Mental Health. Supposedly, the Act would incorporate the service needs being fulfilled by on-going speciality grants by enlarging the scope of mental health services which the community mental health centers had to provide. This, however, did not take into consideration the already established mental health service delivery system insofar as continuity of service, established community relations and support by on-going mental health speciality programs. The disruption to be

forth coming will create serious adverse effects not only to the individual but to the general community by having no child mental health services in the existing area.

The fact that the CMHP is the only Part F funded program in San Antonio and the only one that provides mental health services to the west portion of the city, makes it mandatory for establishing viable alternatives in order for the program to continue. MAUC has develop, thru hard work, a reputable tract record as the established mental health service provider in West San Antonio. Such efforts cannot be overlooked and thus the responsibility of continuing support of the program becomes a responsibility of the major mental health service provider in the area especially the Bexar County Mental Health-Mental Retardation and the Bexar County Hospital District.

II Alternatives

What exactly are the alternatives available from which to select a feasible life-line for the program? Basically, there are two:

A) For NIMH (National Institute of Mental Health) to continue direct funding to MAUC.

B) For other mental health providers to sub-contract with MAUC for the provision of mental health services to children.

Realistically, alternative B seems to be the most likely from which to select. As such, an analysis of one existing mental health provider will attest to the feasibility of alternative B and provide an overview of major areas compatibility. At this point, MH-MR's Southwest Mental Health Center will be viewed as a natural element of support since it operates within the geographic area of the CMHP.

III MH-MR Southwest Mental Health Center

Within the network of mental health services provided by Bexar County's Mental Health-Mental Retardation is the Southwest Mental Health Center. The center provides all of the services required of any community mental health center. Being a community mental health center, it is also obligated to conform with the new legislative mandate of Public Law 94-63. Of specific concern is the provision of a program of specialized services for the mental health of children, including a full range of diagnostic, treatment, liaison, and follow-up services.[1]

The legislation requires that community mental health centers submit for review and approval a Conversion Grant Application which outlines how the center will incorporate the additional seven services within a one-year period. A review of the present Conversion Grant

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[1] Special Health Revenue Sharing Act (Public Law 94-63), Title III Community Mental Health Centers, July 1975.

Application submitted by the Southwest Mental Health Center identifies certain limitations which can be facilitated vis-avis sub-contract with MAUC's CMHP.

The center's plan calls for the fulfillment of Public Law 94-63 thru its "FOCUS" (Family of Children Under Stress) Program which will be changed to "Children Services Unit."[2] In addition, the center will contract the services of the San Antonio Children's Center and Community Guidance Center for case consultation and case management purposes.[3]

The plan lends itself to question since it raises several key issues which explicitly demonstrates the impracticality of the plan. First of all, the center clearly identifies MAUC's Child Mental Health Program as one of three major providers of specialized children's services in San Antonio.[4] Additionally, it identifies the CMHP's target area as being two-thirds within the Southwest Catchment Area.[5] This would logically call for intensive collaboration with the CMHP as a natural program to compliment Southwest's effort.

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[2]Bexar County Mental Health-Mental Retardation, Southwest Mental Health Center Continuation Grant Application-1976-1977, p. 25

[3]Ibid, p. 25

[4]Bexar County Mental Health-Mental Retardation, Southwest Mental Health Center Conversion Grant Application, 1976-1977, p. 59.

[5]Ibid.

Even though, the CMHP is recognized as a major provider of children's mental health services, such recognition is not extended by inclusion in the Conversion Grant Application.

A second key issue is the feasibility of developing a relevant and sensitive mental health delivery system for children by contracting with institutions situated outside the catchment area. This raises questions and reservations as to accessibility of services for residents of the area. Instead of subcontracting with agencies external to the catchment area, a more logical choice would have been the solictation of the Child Mental Health Program.

Lastly, what are the areas of compatibility which could lend themselves towards the creation of an effective children's mental health service delivery system?

A) Ideology - The Child Mental Health Center employs an ideology which encompasses the utilization of bilingual-bicultural staff that recognizes the particular cultural characteristics of the indigeneous population. This is one of the characteristics that has made the CMHP unique as well as contributed towards the program's success. Since both programs operate within the same or adjacent geographic area, the development of a formal relationship between the two entities would strongly be conducive for implementing a viable system of services. This is especially true, since the Conversion Grant clearly makes

reference that "the thrust of the Southwest Mental Health Unit to provide relevant bilingual-bicultural services is appropriate."[6]

Additionally, MAUC could serve as an important link of Southwest's effort, as exemplified in objective #2 of developing a viable children services model in conjunction with existing specialized children service providers.[7]

B) Methodology - Inclusive with the ideology, the CMHP employs a treatment approach which interfaces between the clinical and non-clinical methodologies. This is another facet of the CMHP's overall uniqueness of being able to facilitate the inter-changing of methology most appropriate to meet the need.

All of the program's services incorporate the utilization of clinical and non-clinical methodologies. Such a strategy has greatly enhanced the effective utilization of program resources which in the end, results in better services for the client. Since all of the staff are cognizant of this adaptability, they are better able to work with medical personnel in a way that the client's needs are fulfilled but more important, the client is part of the treatment process

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[6]Bexar County Mental Health-Mental Retardation-Southwest Mental Health Center-Conversion Grant Application, 1976-1977, p. 41

[7]Bexar County Mental Health-Mental Retardation-Southwest Mental Health Center-Continuation Grant Application (1976-1977, p. 26)

by nature of familarity of the worker and the techniques used.

This approach has certainly produced benefits to the mental health community as it becomes one alternative modus operandi within the general treatment arena. The benefits could be greater to the community if an incorporation of the CMHP takes place within the Southwest Mental Health Center's network of services. Such compatibility, would add to the development of comprehensive mental health services.

C) Accessibility - One of the requirements of Public Law 94-63 is that the services be accessible to the community. This has been a natural consequence of the CMHP. Originally, the intent of the program was and continues to be the availability, the CMHP has been able to make it easier for clients to utilize the services convenient to them.

The accessibility element can certainly compliment Southwest's efforts of covering the entire catchment area. Benefits which would result are: the concentration of services within a community setting, the elimination of transportation problems which can become obstacles in the treatment process and the creation of a friendly and positive environment where clients will feel among friends.

D) Staffing Patterns - The area both programs serve is made up of predominately Mexican Americans. In order for the CMHP to relate to the populus, it has been mandated that the staffing pattern be reflective of people it serves. The importance of this program element is such that it serves as a base from which to develop mental health services within the total context of the environment the client lives in. This takes into consideration knowledge of the specific socio-economic, cultural and linguistic characteristics of the community. The inclusion of bilinugal-bicultural staff has certainly been a major factor why the CMHP has been so successful. This area is one of high compatibility with the Southwest's unit. As the Conversion Grant makes reference that the unit has a bilingual-bicultural staff, some of which are indegeneous to the service area and speak the Spanish language fluently. The staff is sensitive to the distinctive social-cultural setting and environment of the catchment area and its residents.[8] Such correlation of staffing patterns makes it an opportune medium to deliver a highly effective system of services.

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[8]Bexar County Mental Health-Mental Retardation-Southwest Mental Health Center-Conversion Grant Application (1976-1977), p. 41

All of the aforementioned variables certainly merit serious consideration as to the feasibility of developing an effective network of mental health services for children. A close examination of the two programs identifies major areas of compatibility while still maintaining separate scope of services.

IV Child Mental Health Program

As already mentioned, both programs share cetain commonalities but still maintain different services. The focus of services naturally vary due to the character of the two programs. The Southwest Mental Health Center provides comprehensive services as required by law. Thus, its system is a general one servicing adults, adolescents, and children. Additionally, the problem-solving area manifests the delivery of comprehensive services.

The Child Mental Health Program differs in that it's foci is directed at children between the ages of 3 - 13 years. This includes services aimed at the child, family and institutions affecting the specific problem situation. The last four years of programming has given the CMHP the capability to develop certain areas of expertise/ speciality. This leads to an analysis fo areas of interaction.

How can the Child Mental Health Program compliment Southwest Mental Health Center's efforts? The answer to the question can readily be seen in the areas identified as commonality spheres of operation.

What is in order is a specific identification of services that the CMHP could provide which are unique and require the inherent characteristics of the CMHP. These services fall into two major categories: Outreach Mental Health Services and Pre-Therapeutic Nursery Services.

A) Outreach Mental Health Services - To make the delivery of children mental health an effective system which will exert an appreciable impact, the program involved has to incorporate an outreach component. The component serves as the major link with the community as well as insures continuity of services.

This is a valuable aspect of any program involved in the delivery of human services but it is of more importance for mental health programs because it serves as a gauge of impact or change made by the program as seen vis-a-vis follow-up and outreach efforts. Additionally, such an activity can be seen as an evaluation mechanism for providing timely and valuable information which can be used for the improvement of program services.

MAUC's CMHP operates such an outreach system within the total structure of services. Work carried out by human service staff insures that the client is doing well, communication is facilitated and continuity of services is assured. The value of this activity cannot be measured in

terms of dollars and cents but in terms of fulfilling whatever basic needs the client identifies in the process. With the experience and know-how MAUC's CMHP brings, a coordinated system of outreach mental health services could be set up with mutual benefits to the entities involved and especially the client and community. Evidence of Southwest's need for such a service is exemplified in their Continuation Grant Application.

> "For example, the effort to provide specialized services to children and elderly during the early years were hampered by the lack of resources. Certainly follow-up resources to the clients served was and remains limited due to existing caseloads and service related activities of existing staff within the total context of the community."[9]

MAUC's CMHP can provide for the fulfillment of the outreach follow-up services so required by Southwest.

B) Pre-Therapeutic Nursery Services (PTN) - As fulfillment of the CMHP's requirement of partial hospitalization, the program has in operation an effective pre-therapeutic nursery. This specialized service is for children between the ages of 3-5 who have parents that been identified as abusers, have been hospitalized for psychiatric reasons or may be currently under the medical care of a psychiatrist.

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[9]Bexar County Mental Health-Mental Retardation-Southwest Mental Health Center-Continuation Grant Application (1976-1977) p. 42.

The nursery provides children with a medium for therapy within a cultural context. The thrust is to help the child cope with the existing problem by concentrating mental health services in a peer group context. Additionally, the child is assisted in developing his motor, socialization, cognitive and verbalization skills.

The second service component of the P.T.N. is to work intensively and closely with the parent(s). Since the parent is a major factor contributing to the problem, MAUC facilitates the delivery of mental health services by specialized human service staff. It is within this area of services that an intensive effort is made to provide therapy to the parent for the eradification or modification of abusive behavior.

Another activity provided to the parents is the implementation of an educational program which covers parent education skills and child development. It is anticipated that this element of service will provide the parent with an understanding of himself as a parent, his role and responsibilities and of child's developmental processes. Lastly, the educational seminars will also provide the parent with alternative modes of child-rearing, disciplinary methodologies and ways of meeting the child's needs.

Both service delivery systems are carried out in conjunction with medical or professional staff who assist P.T.N. staff

in the formulation of individual treatment plans. In addition, P.T.N. clients have available to them the services of a speech therapist, nutritionist, nurse, etc.., Overall, the P.T.N. is an intervention process which attempts to help the child and parent(s) develop healthy relationships which in the end results in the normal development of the child.

The P.T.N. can be seen as a valuable project which can compliment Southwest's "FOCUS" effort. The interfacing of the two projects is a viable manner of developing a comprehensive approach to the child-abuse problem in the community. It should be mentioned that MAUC has already submitted to MH-MR a proposal outlining the pre-therapeutic services that could be provided. The outcome of MH-MR's review and analysis was negative. No specific reasons were provided.

V Future Consequences

Exactly, what can the consequences be if MAUC's Child Mental Health Program fails to develop an alternative for survival? This becomes a central question and issue that has serious implications in terms of continued services to the community. The fact that MAUC has been providing mental health services to the MNA for the last six years, the Adult Field Mental Health Program included, is evidence that the mental health needs have been properly addressed and fulfilled.

There has to be a realization and recognition that MAUC in essence has been the only provider of services to the MNA. Without MAUC's mental health delivery system the following consequences will result:

A) There will be a vacuum of mental health services created. Since the MNA area is divided by the Southwest Catchment Area and Northwest Catchment Area, the development of a new child mental health system is seriously questioned. First of all, do the two primary mental health providers (Bexar County Hospital District and Southwest Mental Health Center) have the capabilities to continue in the same manner as MAUC has been? The answer is probably no. There will be some form of services provided but not in the same character and emphasis as MAUC would provide them.

B) The focus on children's mental health need will be diluted within the overall community mental health center's system of services. No longer will there be an intensive effort directed specifically at the basic core of children's problems but the provision for quick remedy solutions.

C) There will be a breakdown of continuity of care for clients currently being served by MAUC. The fact that established client relations have been firmly established, will make if difficult for clients to search for other forms of assistance. In addition, there is always the possibility that some clients will revert to their previous problem situation.

D) The particular approach/methodology of incorporating a combination of clinical and non-clinical treatment modalities will be in danger of becoming obsolete. Of specific concern is the utilization of the bilingual-bicultural approach which recognizes the characteristics of the community. The orientation of mental health services will be a clinical orientation in the problem-solving process.

Thus, it becomes a major issue that the mental health community has to grapple with: are the major mental health providers in this community, who can continue, willing to support MAUC's effort by providing support vis-avis sub-contract?

The needs of the community are many and complex. No one specific organization can realistically provide all services to fulfill those needs. There can be however, the development of a system to provide maximum support by on-going efforts in an open and sincere manner.

In the end, it is not a matter of organizational survival that is at stake but a matter of providing services to the community and in this case to children. It is hoped that MH-MR will seriously consider the overall dilemma and immensity of the adverse effects to be forth-coming. MAUC is willing and amenable to work together so that effective, relevant and humanistic services can continue to be available to the community.

ATTACHMENT #5

ALAMO AREA COUNCIL OF GOVERNMENT'S HEALTH PROJECT REVIEW
SUB-COMMITTEE AND HEALTH COORDINATING REPORT REGARDING
A-95 REVIEW OF SOUTHWEST MENTAL HEALTH CENTER'S CONVERSION
GRANT APPLICATION

SUMMARY

INITIAL YEAR PROJECT FOR
REVIEW BY EXECUTIVE COMMITTEE

PROJECT TITLE: Southwest Mental Health Unit - Conversion Grant

APPLICANT: Bexar County Mental Health Mental Retardation Center
Aaron Liberman, Ph.D., Executive Director

Southwest Mental Health Unit
Richard Marquez, Program Director

PROJECT PERIOD: November 1, 1976 through October 31, 1977

BUDGET PERIOD: November 1, 1976 through October 31, 1977

PROJECT GOALS:

1. To continue providing the five basic services required under Section 220, Public Law 88-164 (staffing grant).

2. To conceptualize and operationalize the addition of new services as mandated by Public Law 94-63 (Health Revenue Sharing Act, June, 1975).

QUANTITATIVE OBJECTIVES FOR THE FUNDING PERIOD:

1. Assess and reorganize the existing staffing pattern in order to facilitate an integration of new services by January, 1977.

2. Ititiate coordination of program services to the elderly by January, 1977.

3. Implement transitional services contract by March, 1977.

4. Implement children's diagnostic and evaluation services by June, 1977.

5. Initiate an assistance to court's program by July 1, 1977.

BUDGET SUMMARY:

A. Funds:

	Funding Agency	Applicant Year
Federal	DHEW/NIMH	$100,392
State		-0-
Local		-0-
Applicant	Patient Fees	1,015
TOTAL		$101,507

B. Operating Expenditures:

Major Cost Categories	Applicant Year Amount	%
Personnel	$72,691	71.6
Travel	782	.8
Supplies	240	.2
Contractual	12,480	12.3
Indirect Cost	11,955	11.8
Other	3,359	3.3
TOTALS	$101,507	100%

SITES:

Southwest Mental Health Unit, 2415 West Southcross
Southwest Mental Health Unit, 3602 Culebra
San Antonio Children's Center, 2939 West Woodlawn

NUMBER OF PERSONS TO BE SERVED:

Estimate - 357

ELIGIBILITY REQUIREMENTS OF PERSONS TO BE SERVED:

Preferably persons should reside in the Southwest Catchment Area. However, services will not be refused to persons from other areas who are seeking services.

GEOGRAPHIC AREA TO BE SERVED:

Southwest Bexar County, Catchment Area 9-3

STAFF COMMENTS:

A. Evaluation

The Southwest Mental Health Unit is a program of community mental health which has been established to provide services in mental health and behavioral problems to the population residing in the southwest quadrant of San Antonio, Texas, and Bexar County, Texas. The program addresses the real need of a community characterized by a predominance of Mexican-Americans who are bilingual and bicultural. The high incidence of low social and demographic indices supported the real need to introduce a human service delivery system which requires that it be relevant to the area residents. This need has been approached via a non-traditional treatment program with indigenous personnel from the community to provide the services from a socio-cultural perspective.

The Southwest Mental Health Unit makes available direct and indirect services to a population of approximately 200,000 individuals residing within the Southwest Catchment Area of Bexar County. During the FY 1976 program year, direct

services were provided for 1,400 individuals. These services were initiated in the early 1970's in such a way as to conform to the requirement of P.L. 88-164 which mandated the provision of five services:

1. Inpatient
2. Outpatient
3. Partial Hospitalization
4. Emergency
5. Consultation and Education Services

Public Law 94-63, which became effective July 29, 1974, requires that all Community Mental Health Centers provide the following seven services in addition to the five now being provided.

1. Specialized services for the mental health of children, including a full range of diagnostic, treatment, liaison and follow-up services.

2. Specialized services for the mental health of the elderly, including a full range of diagnostic, treatment, liaison and follow-up services.

3. Specific consultation and education services.

4. Assistance to courts in screening residents of the centers catchment area who are being considered for referral to a state mental health center for inpatient treatment.

5. Follow-up care for residents of its catchment area who have been discharged from a mental health facility.

6. Traditional halfway house services for the same dischargees mentioned in '5' above and for residents who would without such services require inpatient services.

7. Prevention and treatment services for alcoholism and drug abuse.

Of these seven services, six are presently integrated to some degree in the entire adult program.

1. Geriatric Services - These services are presently offered in the context of the entire adult program. No elaborate expansion is planned. One additional master's level social worker will be added to provide necessary back-up for elderly clients.

2. Assistance to Courts - There has been a constant effort since inception of MHMR on the part of the Southwest Mental Health Unit (SWMHU) to provide services to the courts in screening residents for commitment. These services will be increased. An intensive in-service, on-going training program will be developed and conducted involving the SWMHU staff, the judges, the County of Bexar Mental Health Department, and the San Antonio State Hospital (SASH). The program will have at least two major thrusts: the role of community mental health programs, and the role of the judicial system. The proposed staffing for this service will be one Senior Social Worker (100%) and one Psychiatrist (100%).

3. Follow-up Care - The SWMHU has worked with SASH to provide follow-up services for released patients. These services include: staff consultations, weekly, with SASH and then follow-up home visits to released patients. The SWMHU is anticipating a contract from the Department of Public Welfare to augment this service with four follow-up staff and one secretary.

4. Prevention and Treatment for Alcohol and Drug Abuse - The Bexar County MHMR Center has comprehensive programs for alcoholism and drug abuse. These programs are utilized as necessary by the SWMHU.

5. Specific Consultation and Education Services - These services are broadened considerably in P.L. 94-63 from those required from P.L. 88-164. The SWMHU offers consultation and education services according to P.L. 88-164. They plan to expand to specific services via another grant application which is authorized under P.L. 94-63.

6. Children's Services - Presently the SWMHU provides limited outpatient services through the F.O.C.U.S. program (Families of Children Under Stress). Inpatient services also have been provided through the SACC (6 beds/year are presently contracted). In addition, the Unit has also provided a partial hospitalization program for adolescent aged mother's-to-be which is an educational approach to the problem of young pregnancies.

   In order to increase services to conform with P.L. 94-63, the SWMHU plans to redirect the FOCUS team's effort to broaden its scope in Children's Services. Also, the diagnostic and evaluation element will be provided through contractual agreements with Community Guidance Center and San Antonio Children's Center.

   The emphasis during the conversion grant year is on the initiation of services on a limited basis. It is expected that, in the following year, an operational grant would allow expansion of these services.

   The application mentions that the only other existing provider of Child Mental Health Services in the catchment area is the MAUC Child Mental Health Program funded by NIMH. However, the applicant does not address any coordination with the agency in the provision of comprehensive child mental health service.

The area which has not previously been addressed in the delivery of services by the SWMHU is that of transitional halfway house services. Six slots for adults will be contracted from the Halfway House of San Antonio, However, this will be inadequate in light of the large number of discharged patients from SASH to the Southwest Catchment Area (approximately 600/year) and, also, of the general population being served. Furthermore, the SWMHU provides no transitional facilities for adolescents. This is mainly due to the lack of such existing facilities in the catchment area.

All new services will be implemented gradually over the program year. The application is consistent with the policies and goals of the AACOG Comprehensive Health Plan, 1976.

The staff is concerned about any noted efforts towards coordination with the three large military installations within the catchment area. The SWMHU would be an appropriate and needed source of referral for military dependents. In addition, many civil service employees of the installations reside in the catchment area and are potential clients.

B. Recommendation:

FAVORABLE REVIEW, with the following comments:

1. In the expansion of their Childrens' Services, SWMHU should coordinate with Mexican-American Unity Council Child Mental Health Program.

2. The applicant needs to investigate more alternatives for offering transitional living services for adolescents and adults.

3. The SWMHU should seek to coordinate with the mental health units of the three military installations (Kelly, Lackland and Medina Air Force Bases) within their catchment area.

HEALTH PROJECT REVIEW SUBCOMMITTEE RECOMMENDATION:

FAVORABLE REVIEW, with the following comments:

* 1. In the expansion of their Childrens' Services, Southwest Mental Health Unit should coordinate with Mexican-American Unity Council Chilc Mental Health Program and all other providers of child mental health services to ensure continuity of care currently provided to children.

2. The applicant needs to investigate more alternatives for offering transitional living services for adolescents and adults.

3. The Southwest Mental Health Unit should seek to coordinate with the mental health units of the three military installations (Kelly, Lackland and Medina Air Force Bases) within their catchment area.

HEALTH COORDINATING COMMITTEE RECOMMENDATION:

FAVORABLE REVIEW, with the following comments:

* 1. That the Southwest Mental Health Center exert an intensive effort to coordinate and facilitate a collaborative system of finalcial support for MAUC's Child Mental Health Program by incorporation of the Child Mental Health in the Southwest Conversion Plan.

2. The applicant needs to investigate more alternatives for offering transitional living services for adolescents and adults.

3. The Southwest Mental Health Unit should seek to coordinate with the mental health units of the three military installations (Kelly, Lackland and Medina Air Force Bases) within their catchment area.

4. That AACOG suggests that BCMHMR Center perform a review of the Advisory Committee in light of the requirements of the law with special reference to Provider representation, and the includion of licen ed professionals.